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**California Soccer Association North**

**Annual League Affiliation Form 2019-2020**

(Please type or print all information clearly)

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| Name of League: Click here to enter name of league.  *Nobre de la Liga:* | | |
| Type of League: Choose an item  *Tipo de Liga:* | | |
| Estimated Number of Teams:Enter number.  *Estimation de numero de equipos:* | | |
| Number of Divisions:  *Numero de Divisiones:* Enter Number | Start date of Season 1:  *Fecha que empiezan 1*:  Click here to enter date. | End date of Season 1:  *Fecha que terminan 1*:  Click here to enter date. |
| Telephone Number: Enter telephone number.  *Numero de Telefono:* | Fax number: Enter FAX number  *Numero de Fax:* | League email address:  Enter email address |
| League Postal Address: Direccion de la liga: Click here to enter address. | | |

**List of League Officers for 2019-2020**

*Por favor, hagan una lista de todos los miembros de su mesa ejecutiva*

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| --- | --- | --- |
| President: Enter name | Home phone:  Enter phone number | FAX:  Enter FAX |
| Address:  Enter Address. | City:  Enter City | Zip Code:  Zip Code. |
| E-Mail Address:  Click here to enter text. | Cell Phone Number:  Enter phone number | Work phone:  Enter work number |
| Vice-President: Enter name | Home phone:  Enter name | FAX:  Enter name |
| Address:  Enter Address. | City:  Enter Address. | Zip Code:  Enter Address. |
| E-Mail Address:  Click here to enter text. | Cell Phone Number:  Click here to enter text. | Work phone:  Click here to enter text. |
| Secretary: Enter name | Home phone:  Enter name | FAX:  Enter name |
| Address:  Enter Address. | City:  Enter Address. | Zip Code:  Enter Address. |
| E-Mail Address:  Click here to enter text. | Cell Phone Number:  Click here to enter text. | Work phone:  Click here to enter text. |
| Secretary: Enter name | Home phone:  Enter name | FAX:  Enter name |
| Address:  Enter Address. | City:  Enter Address. | Zip Code:  Enter Address. |
| E-Mail Address:  Click here to enter text. | Cell Phone Number:  Click here to enter text. | Work phone:  Click here to enter text. |

**PLEASE LIST ADDITIONAL LEAGUE OFFICERS ON A SEPARATE PAGE**

*Por favor, hangan una lista de todos los otros miembros de su mesa ejecutiva, usa lo detras de esta oja.*

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| We will abide by the bylaws, rules and regulations of the California Soccer Association North (CSAN) and any such bylaws, rules and regulations hereafter approved by the CSAN Board of Directors. | | FOR OFFICIAL USE ONLY |
| Signature of  League Official: | Date:Enter date. | Fees Paid: |
| Signature of  League Official: | Date: Enter date. | Receipt  Number: |