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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 ofLeague Official: | Date:Enter date. | Fees Paid: |
| Signature ofLeague Official: | Date: Enter date. | ReceiptNumber: |