



California Soccer Association North
 1346 Silver Ave.
 San Francisco, CA 94134
 Phone: 415-467-1881
www.csan.net

TEAM ANNUAL MANDATORY FORM		
Name of Club:		
Name of League:		
Manager of Club:		Phone:
Address:		
City:	State:	ZIP Code:
Coach of Club:		Phone:
Address:		
City:	State:	ZIP Code:
Address:		
City:	State:	ZIP Code:
Email address for club:		
SOCCER CLUB OFFICERS FOR THE SEASON OF:		
President:		Phone:
Address:		
City:	State:	ZIP Code:
Secretary:		Phone:
Address:		
City:	State:	ZIP Code:
Daytime phone to contact club:		Contact Person:
STATEMENT OF ORGANIZED MANAGEMENT		
Check one: Supported by Individual only <input type="checkbox"/> Club Dues Paying Member <input type="checkbox"/> By Sponsorship <input type="checkbox"/>		
Name of Organization:		
Person Responsible:		Phone:
Address:		
City:	State:	ZIP Code:
Relationship:		
SIGNATURES		
I certify that I am the legal Owner/President of the club and the above are true and correct under penalty of Bond:		
Signature of applicant:		Date:
As past Owner/President, I agree to release all holdings of the club (given or implied) to the new President.		
Signature of applicant:		Date:
The above Club is sanctioned by the _____ SL to register players for the _____ season.		
Signature of League Officer:		Date:
Please note: This is a MANDATORY form for each team. It must be submitted to CSAN once each year prior to the start of your league's season. Player Passes and/or Player Registration forms will only be sent to teams that have submitted this form. All lines on this form MUST have the appropriate information filled in and signed before it will be accepted by CSAN		