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**California Soccer Association North**

**Annual League Affiliation Form 2020-2021**

(Please type or print all information clearly)

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| Name of League: *Nobre de la Liga:*  |
| Type of League:*Tipo de Liga:*  |  [ ] Men’s [ ] Women’s [ ] Coed [ ] Walk Soccer |
| Estimated Number of Teams:*Estimation de numero de equipos:*  | Number of Divisions: *Numero de Divisiones:*   |
| Start date of Season 1: *Fecha que empiezan 1*:  | End date of Season 1:*Fecha que terminan 1* :  |
| Telephone Number: *Numero de Telefono:* | Fax number: *Numero de Fax:* | League email address: |
| League Postal Address (Direccion de la liga):  |

**List of League Officers for 2020-2021**

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

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| President:  | Home phone: | FAX: |
| Address: | City: | Zip Code: |
| E-Mail Address: | Cell Phone Number: | Work phone: |
| Vice President:  | Home phone: | FAX: |
| Address: | City: | Zip Code: |
| E-Mail Address: | Cell Phone Number: | Work phone: |
| Treasurer:  | Home phone: | FAX: |
| Address: | City: | Zip Code: |
| E-Mail Address: | Cell Phone Number: | Work phone: |
| Secretary:  | Home phone: | FAX: |
| Address: | City: | Zip Code: |
| E-Mail Address: | Cell Phone Number: | Work phone: |

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

*Por favor, hagan 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 and policies of the California Soccer Association North (CSAN), the U.S. Adult Soccer Association and the U.S. Soccer Federation. | FOR OFFICIAL USE ONLY |
| Signature ofLeague Official: | Date: | Fees Paid: |
| Signature ofLeague Official: | Date: | ReceiptNumber: |