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**California Soccer Association North**

**Annual League Affiliation Form 2020-2021**

(Please type or print all information clearly)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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*

|  |  |  |
| --- | --- | --- |
| 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 of  League Official: | Date: | Fees Paid: |
| Signature of  League Official: | Date: | Receipt  Number: |