



California Soccer Association North  
 1346 Silver Ave.  
 San Francisco, CA 94134  
 Phone: 415-467-1881  
[www.csan.net](http://www.csan.net)

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