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| 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: 2022-2023 | | |
| 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  Club Dues Paying Members 󠇯 By Sponsorship 󠇯 | | |
| Name of Sponsoring Organization: | | |
| Contact Person at Sponsoring Organization: | | Phone: |
| Address: | | |
| City: | State: | ZIP Code: |
| Relationship: | | |
| TEAM AND LEAGUE 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: |
| Transfer of Team Ownership (if applicable): As past Owner/President, I agree to release all holdings of the club to the new Owner/President. | | |
| Signature of past Owner/President: | | Date: |
| The above Club is sanctioned by the League to register players for the 2022-2023 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 | | |



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