

California Soccer Association North Annual League Affiliation Form for 2010-2011

(Please type or print clearly all information)

Name of League: <i>Nombre de la Liga:</i>		
Type of League: Men's Competitive <input type="checkbox"/> Women's Competitive <input type="checkbox"/> Recreational <input type="checkbox"/> Co-ed (<i>Mixta</i>) <input type="checkbox"/> <i>Tipo de Liga:</i>		
Estimated Number of Teams: <i>Estimacion de numero de equipos:</i>	Start date of season 1: <i>Fecha que empiezan 1:</i>	End date of season 1: <i>Fecha que terminan 1:</i>
Number of divisions: <i>Numero de divisiones:</i>	Start date of season 2: <i>Fecha que empiezan 2:</i>	End date of season 2: <i>Fecha que terminan 2:</i>
League postal address: <i>Dirección de la liga:</i>		
Telephone number: <i>Numero de telefono:</i>	Fax number: <i>Numero de fax:</i>	League E-mail:

List of League Officers for 2010-2011

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 Number:	Work Phone:
Vice President:	Home phone:	Fax:
Address:	City:	Zip Code:
E-mail Address:	Cell Number:	Work Phone:
Secretary:	Home phone:	Fax:
Address:	City:	Zip Code:
E-mail Address:	Cell Number:	Work Phone:
Treasurer:	Home phone:	Fax:
Address:	City:	Zip Code:
E-mail Address:	Cell Number:	Work Phone:

PLEASE LIST ALL OTHER LEAGUE OFFICERS ON THE BACK OF THIS FORM

Por favor, hagan una lista de todos los otros miembros de su mesa ejecutiva, usa lo detras de esta oja.

We will abide by the bylaws, rules and regulations of the California Soccer Association North (CSAN) and any such bylaws, rules and regulations hereafter approved by the CSAN Board of Directors		FOR OFFICIAL USE ONLY
Signature of League Official:	Date:	Fees Paid:
Signature of League Official:	Date:	Receipt Number: