



**California Soccer Association North, Inc.
Annual League Affiliation Form 2024-2025**

(Please type or print all information clearly)

Name of League: <i>Nobre de la Liga:</i>		
Type of League: <input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Coed <input type="checkbox"/> Walk Soccer <i>Tipo de Liga:</i>		
Total Number of Teams: <i>Numero de equipos:</i>	Start date of Primary Season: <i>Comienzo de temporada principal:</i>	Start date of Secondary Season: <i>Comienzo de temporada secundaria:</i>
Number of Divisions: <i>Numero de Divisiones:</i>	End date of Primary Season: <i>Fin de temporada principal:</i>	End date of Secondary Season: <i>Fin de temporada secundaria:</i>
League Postal Address <i>Direccion de la liga:</i>		
Telephone Number: <i>Numero de Telefono:</i>	Fax number: <i>Numero de Fax:</i>	Email address:

List of League Officers for 2024-2025

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

President:	Home phone:	FAX:
Street Address:	City:	Zip Code:
E-Mail Address:	Cell phone:	Work phone:
Vice President:	Home phone:	FAX:
Street Address:	City:	Zip Code:
E-Mail Address:	Cell phone:	Work phone:
Treasurer:	Home phone:	FAX:
Street Address:	City:	Zip Code:
E-Mail Address:	Cell phone:	Work phone:
Secretary:	Home phone:	FAX:
Street Address:	City:	Zip Code:
E-Mail Address:	Cell phone:	Work phone:
Name of CSAN Director:	Home phone:	FAX:
Street Address:	City:	Zip Code:
E-Mail Address:	Cell phone:	Work phone:

PLEASE LIST ADDITIONAL LEAGUE OFFICERS ON A SEPARATE PAGE

Por favor, liste los nombres de sus oficiales adicionales de liga en la próxima página.

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: