

CSAN, 1348 Silver Avenue, San Francisco, CA 94134-1226

ANNUAL MANDATORY FORM

Name of Club _____ Year Founded _____

Name of League Sacramento Adult Soccer League

Manager of Club _____ Phone: () _____

Address _____ City _____ Zip _____

Coach of Club _____ Phone: () _____

Player passes mailed to: Doug Hampton Phone: (916) 320-6968

Address: P.O. Box 60905 City Sacramento Zip 95860

Email address for the club: _____

SOCCER CLUB OFFICERS FOR THE SEASON OF: _____

President _____ Phone: () _____

Address _____ City _____ Zip _____

Secretary _____ Phone: () _____

Daytime phone no. to contact club: () _____ Person to contact: _____

STATEMENT OF ORGANIZED MANAGEMENT

Check one: Supported by individual only { } by Club dues paying member { } by Sponsorship { }

Name of Organization _____

Person responsible _____ Phone: () _____

Address _____ City _____ Zip _____

I certify that I am the legal Owner/President of the club and the above are true and correct under penalty of Bond:		
X	Title	Date

As past Owner/President, I agree to release all holdings of the club (given or implied) to the new President.		
X	Title	Date

The above Club is sanctioned by the (League) _____

to register players for the (Season) _____ (Lg. Officer) X _____

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