



California Soccer Association North
 1346 Silver Ave.
 San Francisco, CA 94134
 Phone: 415-467-1881
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:
Address:		
City:	State:	ZIP Code:
Email address for Team:		
SOCCER TEAM OFFICERS FOR THE SEASON OF: 2023-2024		
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 Members <input type="checkbox"/> By Sponsorship <input type="checkbox"/>		
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 Team 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 Team to the new Owner/President.		
Signature of past Owner/President:		Date:
The above Team is sanctioned by the _____ League to register players for the 2023-2024 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		