

LEAGUE AFFILIATION

(You must complete all portions of this application, Please type or print the information.)

20 ____ Season

League Name _____

Mailing Address _____

City _____ State _____ Zip _____

Dates of your League's Playing Season _____

Board of Directors

(Please list all members of your League Board of Directors)

President _____ Vice President _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Phone Number _____ Phone Number _____

Registrar _____ Treasurer _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Phone Number _____ Phone Number _____

Please list all other league officers below. If more space is needed, use the back of this form.

Title _____ Name _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Phone Number _____ Phone Number _____

Title _____ Name _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Phone Number _____ Phone Number _____

This form must be signed by two League Officers and Submitted with a \$25 League Check
by _____ 20 _____

We will abide by the rules and regulations of the California State Futsal Association North as well as
any rules and regulations hereafter made.

Signature of League Official Title _____ Date _____

Signature of League Official Title _____ Date _____

Two copies of your current League Constitution, By-Laws and Rules and Regulations must be sub-
mitted with this application. Mail these with your check and this form to: California State Futsal
Association North, PO Box 6604, Santa Rosa, Ca 95406