

CONNECTICUT JUNIOR SOCCER ASSOCIATION, INC.
Affiliated With United States Youth Soccer
CLUB AFFILIATION FORM 20 -20 SEASONAL YEAR

Club Name _____ Club # _____ District _____

Town in which home field is located: _____ Check one: Reaffiliation New Affiliation

Previous seasonal year registrations: # of Players: # of Adults:

PRESIDENT _____
Address _____
Phone # (h) _____ (w) _____
Email _____
FAX _____

REFEREE ASSIGNOR _____
Address _____
Phone # (h) _____ (w) _____
Email _____
FAX _____
Referee Assignor Course (Date) _____

REGISTRAR _____
Address _____
Phone # (h) _____ (w) _____
Email _____
FAX _____

DISCIPLINE CHAIRMAN _____
Address _____
Phone # (h) _____ (w) _____
Email _____
FAX _____

TREASURER _____
Address _____
Phone # (h) _____ (w) _____
Email _____
FAX _____

RECREATION CHAIRMAN _____
Address _____
Phone # (h) _____ (w) _____
Email _____
FAX _____

CLUB ADMIN (Blue Sombrero User Access) _____
Address _____
Phone # (h) _____ (w) _____
Email _____
FAX _____

In the absence of the Club President, our Club has designated the following person to represent and vote for our Club at District and State CJSA Meetings:

CLUB REPRESENTATIVE _____

The Club agrees to abide by the rules and regulations of the Connecticut Junior Soccer Association, Inc. and the U.S. Soccer Federation. *A copy of the of the club's bylaws, rules, and written policies are enclosed with this application.*

(If club bylaws do not exist place an X here)

Club President's Signature _____ Date: _____

This form must be resubmitted to CJSA during the seasonal year whenever any of the above information changes.