



Central Soccer League

455 Cochrane Dr Unit 22 Markham ON L3R 9R3

2010 Team Application

The League fee of \$400 must accompany this application.

A \$500.00 Club bond must be submitted along with the application(s) for all Clubs that did not participate in the CSL in 2009.

Club Name: _____
Club Address: _____
Postal Code: _____

Phone: _____
Fax: _____
Email: _____

Club Representative: _____
Address: _____
Postal Code: _____

Phone: (H) _____
Phone: (B) _____
Phone: (C) _____
Fax: _____
Email: _____

Team Registration Number: _____

Full Team Name: _____

Please Circle only one:

Boys: U12 U13 U14 U15

Division: LEVEL 3 LEVEL 4-PREM. LEVEL 4- 1A LEVEL 4 1B

Boys: U16 U17 U18

Division: LEVEL 3 LEVEL 4- PREM. LEVEL 4- 1 LEVEL 4-2 LEVEL 4-3 LEVEL 4-4

Coach: _____
Address: _____
Postal Code: _____

Phone: (H) _____
Phone: (B) _____
Phone: (C) _____
Fax: _____
Email: _____

Manager: _____
Address: _____
Postal Code: _____

Phone: (H) _____
Phone: (B) _____
Phone: (C) _____
Fax: _____
Email: _____

- This form is the only form authorized to register Club teams to play in the League.
- The League fee and the Club bond (IF APPLICABLE) must accompany the application and be received in the League office by January 15th, 2010.
- Applications received after January 15th, 2010 shall be subject to an additional late entry fee of 100% of League Fee
- Teams must submit with their application or by February 15th, no more than 3 time periods when they require time blocked from the schedule up to a total maximum of 15 days. No additions or changes will be accepted after February 15th.

We agree to abide by the Published Rules of the Ontario Soccer Association, the Central Soccer League and the decisions made by The Central Soccer League's Executive Committee elected to act on its behalf.

Club Authorization: Position _____ Name _____

Signature _____ Date _____