



2010 Team Official Information Form

Please fill in information completely for ALL team officials, to a maximum of (4) Four per Team and submit to the Central Soccer League.

PLEASE PRINT

Club	
Team Name	

Age		Division		OSA Team #	
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Name	Name
Position	Position
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Email	Email
OSA Registration Number	OSA Registration Number

Name	Name
Position	Position
Home Phone	Home Phone
Cell Phone	Cell Phone
Work Phone	Work Phone
Email	Email
OSA Registration Number	OSA Registration Number

PLEASE SUBMIT TO CENTRAL SOCCER LEAGUE
FAX- 905-477-9799
EMAIL- CSL@CSLSOCCER.COM