



Club Membership Application 2010

Team Registrations for 2010 season will not be validated until this information form is completed & returned to the League.

PLEASE PRINT

Club Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone #: (____) _____ Fax #: (____) _____

E-mail: _____

Club Contact Name: _____

Phone #: (_____) _____

E-mail: _____

Field Co-ordinator Name: _____

Phone #: (_____) _____

E-mail: _____

Referee Co-ordinator Name: _____

Phone #: (_____) _____

E-mail: _____

New clubs must submit a \$500 bond with this sheet for the first year in the CGSL.

It is imperative that there is good communication between the league and your club.
Thank you.

CGSL Fax #(905)640-0118