

CMSA

2024 Fall Team Registration Form

Please use this form to update any changes in contact information

Team Information

| | |
|---------------------------------|--|
| Club/Program Name | |
| Coach's Name | |
| Contact Email Address | |
| Team's USSF Affiliation? | Gender |
| League Day of Play | Requested Age Participation Level |
| Competition Level | Year Registering For |
| Season Registering For | |

Coach/Contact Information

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|---|
| Coach's Name (per your CMSA league roster) |
| Email Address |
| Cell Phone (Coach) |
| Home Phone (Coach) |
| Assistant Coach |
| Assistant Coach's Email |
| Assistant Coach's Cell Phone |
| Assistant Coach's Home Phone |
| Team Manager |
| Team Manager's Email |
| Team Manager's Cell Phone |
| Designate Primary Team Contact |