## **CMSA**

## **2025 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**

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