

PROCEDURES FOR JOINING THE COSMOPOLITAN SOCCER LEAGUE



All required forms are posted on the CSL website at www.cslny.com

1. Show your intent to join the league by filling out the "csl team application" form
2. Mail the following:
CSL APPLICATION FORM
50\$ CHECK FOR THE CSL APPLICATION
BY-LAWS & CONSTITUTION
(if it exists for your team) To the following address:
COSMOPOLITAN SOCCER LEAGUE
115 River Road, Pier 158
Edgewater, NJ 07020
3. Once the application is received, a meeting will need to take place between the president and or representatives of team that is applying and members of the csl executive board.
4. Once the meeting is complete and baring any discrepancies, a \$500 bond will need to be left the same night in order to register the team
5. Fill out the certificate of insurance
6. Register players.



COSMOPOLITAN SOCCER LEAGUE TEAM APPLICATION



CLUB INFORMATION:

1. Name of applicant organization	2. Year in which organization was first founded
3. Did you previously operate under a different name? <i>YES / NO</i>	4. If yes, please state previous name
5. Previous league affiliation (if any)	6. Does your organization have bylaws and a constitution? (if yes, please forward a copy) <i>YES / NO</i>
7. Does your organization have printed stationary? (if yes, please forward a copy) <i>YES / NO</i>	8. Does your organization maintain an account at a banking institution under its own name? <i>YES / NO</i>
9. Does your organization have a web site? (if yes, include website address) <i>YES / NO</i>	
10. Is your organization strictly Soccer? <i>YES / NO</i>	11. How many teams do you intend to field?
12. Are any of your players currently registered for another club in the CSL? (if so, which one?)	

CLUB BOARD MEMBER INFORMATION:

A. PRESIDENTS INFORMATION

- | | |
|-----------------|---|
| 1. Name | 2. E-Mail |
| 3. Phone Number | 4. Home Address (street, city, state & zip) |

B. CLUB SECRETARY INFORMATION

- | | |
|------------------------------|---|
| 1. Name | 2. E-Mail |
| 3. Phone Number 212-963-2364 | 4. Home Address (street, city, state & zip) |

C. CLUB MANAGER INFORMATION

- | | |
|------------------------------|---|
| 1. Name Alvaro Calderon | 2. E-Mail Calderon@un.org |
| 3. Phone Number 212-963-4117 | 4. Home Address (street, city, state & zip) |

SPONSOR INFORMATION: (skip if you do not have a sponsor)

- | | |
|--|------------------|
| 1. ARE YOU SPONSORED BY A PARENT ORGANIZATION? | 2. SPONSORS NAME |
|--|------------------|

YES / NO

3. IS THIS LOCATION CONSIDERED YOUR CLUBHOUSE?

YES / NO

4. SPONSOR'S ADDRESS (street, city, state & zip)

FIELD INFORMATION:

1. DO YOU HAVE YOUR OWN FIELD?	2. FIELD STATUS OWNED / LEASED / RENTED / OTHER
3. FIELD ADDRESS (street, city, state, zip & cross streets)	
IF OTHER, PLEASE EXPLAIN	

State briefly why you wish to become a member of the cosmopolitan soccer league

* - If you are currently registered with another league or association, do you know that you must have a release before being accepted into membership of the CSL

BEFORE SUBMITTING THIS PAPERWORK TO THE LEAGUE, PLEASE MAKE SURE THAT YOU HAVE THE FOLLOWING:

1. CSL TEAM APPLICATION
2. \$50 CHECK IN ORDER TO REGISTER YOUR TEAM MADE OUT TO "COSMOPOLITAN SOCCER LEAGUE"
3. BY-LAWS & CONSTITUTION (if it exists for your team)
4. COPY OF CLUB STATIONARY