

CSA TEAM REGISTRATION FORM

Sport: _____

Type of Team: Co Ed Men's

Team Name _____

Team Captain's Information:

Name: _____

E-Mail Address: _____

Physical Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Work/Cell Phone: _____

A minimum \$100 non-refundable* deposit must be received by CSA in order to register your team. Please send this completed form along with your deposit to:

Carolina Sports Association
P.O. Box 1025
Fort Mill, SC 29716

You will receive an email verifying your registration once CSA processes this form.

*If league is held, Team Registration Fees are non-refundable.