



**Application for Membership in Capitol Area Youth Soccer Association**

Club Name: \_\_\_\_\_

Club Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Games will be played at: \_\_\_\_\_

(INCLUDE A MAP TO THE PLAYING SITE WITH YOUR APPLICATION )

Your playing site is... City Park:\_\_\_ County Park:\_\_\_ Privately owned:\_\_\_

**How many teams do you expect to register with CAYSA?**

Recreational				Select		
	Boys	Girls			Boys	Girls
6U & younger				11U		
7U-8U				12U		
9U-10U				13U		
Academy				14U		
11U-12U				15U		
13U-14U				16U		
15U-16U				17U		
17U-19U				18U-19U		

If you intend to register players in Academy, are you familiar with the process for applying for Academy status with STYSA? \_\_\_\_\_

What geographic area will your club service?

Articulate the need for a club in this area:

Where do you expect to get your referees?

How many referees do you have for the games at your club? \_\_\_\_\_  
(Referees must be currently registered with STSR.)

Who will fill the following positions/roles within your club?

Position	Name	Phone number	Email
President			
Registrar			
Treasurer			
Select Commissioner			
Rec. Boys Commissioner			
Rec. Girls Commissioner			
Referee Assignor			
Other _____			
Public Relations			
Game Scheduler			
Field Scheduler			
CAYSA Representative			

Your club's website address (URL): http:// \_\_\_\_\_

You **MUST** submit a copy of your current constitution, bylaws, and proof of non-profit status with this application.

Please send your completed application and support documents to either:

[admin@caysa.org](mailto:admin@caysa.org) for electronic applications, or

CAYSA  
PO Box 352  
Manor, TX 78653

if sending a physical copy.