



## ***Connecticut Soccer League New Team Application Form***

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**Team's Name:** \_\_\_\_\_

**Team Contact:** \_\_\_\_\_

**Tel. (\_\_\_\_) \_\_\_\_\_**

**Email:** \_\_\_\_\_ @ \_\_\_\_\_

**Home Field:** \_\_\_\_\_

**Applying for \_\_\_\_\_ season**

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Please send this form to

***Mr. Jack Testani CSL President  
757 Wintergreen Avenue  
Hamden, CT 06514***

Or email to ***torrice6@aol.com***