CITY SCHOOLS SPORTS ASSOCIATION
Est. 1998 · 5, Civic Sports Complex, Fort, Mumbai 400001 · office@cssa-example.org

SCHOOL AFFILIATION FORM

FORM · ISSUED 20 JUN 2026

To be completed by the head of the institution and countersigned by the sports staff member who will act as the association contact. Submit at the office or scan to office@cssa-example.org.

Section A — School details

School name _____

Full postal address _____

Board / affiliation no. _____

Year established _____

Section B — Association contact

Contact person _____

Designation _____

Phone _____

Email _____

Section C — First season entries

List the disciplines and age groups you intend to enter this season (these can be revised before the entry deadline).

Disciplines _____

Age groups _____

Approx. no. of students _____

Section D — Declaration

We apply for affiliation to the City Schools Sports Association and agree to abide by its rules, its Code of Conduct for Teams & Staff, and the decisions of its appointed officials at all fixtures.

Signature of Head of School _____

Name & seal _____

Date _____