

FUTSAL EAST 2018-2019 TEAM REGISTRATION FORM

TEAM NAME: _____ SESSION: 1: Nov – Dec

AGE: U9 U10 U11 U12 U13 U14 U15 2: Dec – Jan

GENDER: Boys Girls SKILL/LEVEL (Upper/Middle/Lower): _____

PRIMARY TEAM CONTACT: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

SECONDARY TEAM CONTACT: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail: _____ Phone: _____

ROSTER (note: players can be added at any time)

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

Name: _____ Date of birth: _____

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Name: _____ Date of birth: _____

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TEAM FEE: \$500 per six-game session, or \$950 for both Sessions 1 and 2

Submit check payable to FUTSAL EAST and this team registration form to:

FUTSAL EAST, PO Box 105, Stillwater, MN 55082

DEADLINES:

Register by Oct 8 for Session 1: Nov 2, 9, 16, 23, 30, Dec 7

Register by Nov 12 for Session 2: Dec 14, 28, Jan 4, 11, 18, 25

Register and pay in full by Oct 8 for both Sessions 1 and 2 to get the discounted fee of \$950

Note: In 2017-2018, both sessions filled before the deadlines.