

FUTSAL EAST 202%202& TEAM REGISTRATION FORM

TEAM NAME: _____ SESSION: 1: Nov – Dec

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

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: _____

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 5, 12, 19, 26, Dec 3, 10

Register by Nov 12 for Session 2: Dec 17, Jan 7, 14, 21, 28, Feb 4

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

Note: In 2018-2019, both sessions filled before the deadlines.