

FUTSAL EAST 2026-2027 TEAM REGISTRATION FORM

TEAM NAME: _____ SESSION: I: Nov – Dec

AGE: U9 U10 U11 U12 U13 U14 U15 II: 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: _____

Name: _____ Date of birth: _____

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TEAM FEE: \$600 per six-game session, or \$1100 for both Sessions I and II

Submit check payable to FUTSAL EAST and this team registration form to:
FUTSAL EAST, PO Box 105, Stillwater, MN 55082

DEADLINES:

Register by Oct 4 for Session I: Nov 6, 13, 20, 27, Dec 4, 11

Register by Nov 15 for Session II: Dec 18, Jan 8, 15, 22, 29, Feb 5

Register and pay in full by Oct 4 for both Sessions I and II to get the discounted fee of \$1100