

# FUTSAL EAST 2024-2025 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: \_\_\_\_\_

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Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### TEAM FEE: \$550 per six-game session, or \$1000 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 1, 8, 15, 22, 29, Dec 6

Register by Nov 15 for Session II: Dec 13, 27, Jan 3, 10, 17, 24

Register and pay in full by Oct 4 for both Sessions I and II to get the discounted fee of \$1000