SWOK Futsal

Team Registration Form

Club Name: _____ Team: _____

REC,Premier, Pro: _____

Team Rep _____ Email: _____
Print Name

Primary Phone: _____ Alternate Phone: _____

League Use					Name	Date of birth	*Type	Jersey #	Notes
W	Y	R	S	N					

***Type: Please indicate by the following letters the type of registration for each member.**
Head Coach - HC Asst Coach - AC Player - P Director - D Team Rep - TR Chaperone - CH

Team Registration Fees are listed online under each category, Pay Online, Check, Money Order, made out to Mark Brown Team Registration Fees are due at the time this form is submitted to register your team.

As Team Representative of this team, I attest that this is the roster for the above referenced team. I will not allow anyone to participate on this team that is not listed above and a registered member of the current season. I may add players/chaperones/coaches later by contacting Mark Brown and placing their name on this roster.

_____

Signature of Team Representative Date