**BERMUDA FUTSAL FEDERATION**

**MEN”S FUTSAL LEAGUE**

**TEAM REGISTRATION FORM**



**Each Team shall have a minimum of 8 players on their roster.**

**Registration is $200 per team.**

**All cheques are to be made payable to the Bermuda Futsal Federation**

**Players must be aged 16 or older (unless otherwise agreed to by the Federation)**

**NAME OF TEAM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**NAME OF COACH** (Please Print)**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TELEPHONE #: EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **PLAYER NAME** (Please Print) |  | **DATE OF BIRTH**  **DAY/MONTH/ YEAR** |
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official of Club or Organization Day/Month/Year