



UNITED STATES ADULT FUTSAL

Affiliated
with



League Name _____

State _____

Application date _____

AMATEUR/PROFESSIONAL PLAYER REGISTRATION

LAST NAME _____ FIRST NAME _____ SEX _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ BIRTHDAY ____/____/____
month day year

EMAIL _____

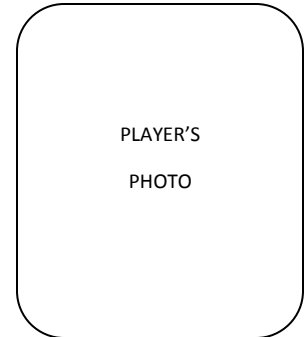
PLAYER'S PROFESSION _____

U.S. CITIZEN YES _____ NO _____ INTENDED TO
BECOME CITIZEN YES _____ NO _____

COUNTRY OF BIRTH _____

PLAYER'S SIGNATURE _____

DATE ____/____/____
month day year



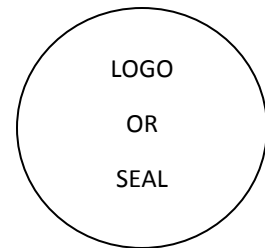
CLUB INFORMATION

CLUB NAME _____

PRESIDENT'S NAME _____

PRESIDENT'S SIGNATURE _____

DATE ____/____/____
month day year



OFFICIAL USE

LEAGUE'S NAME : _____

PRESIDENT'S NAME : _____

PRESIDENT'S SIGNATURE _____

DATE ____/____/____
month day year

