



Just Futsal Incorporated Association

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TEAM REGISTRATION FORM

Team Name: _____ **Jersey Colour:** _____
Category: _____ **Shorts Colour:** _____
Starting: September 2009 **Grade Preference(A or B):** _____
Address: _____ **Suburb:** _____ **P/code:** _____
Manager/Captain: _____ **Email:** _____
Contact Details:(H) _____ **(W)** _____ **(M)** _____

ID #	Name	Surname	Address	Suburb	P/C	Phone	D.O.B

PLEASE GIVE US LATER GAMES

YES NO

PLEASE NOTE
ONLY TEAMS LODGING PAYMENT WITH COMPLETED ENTRY FORMS WILL BE ACCEPTED