



Just Futsal Incorporated Association

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TEAM REGISTRATION FORM

Manager/Captain: _____
Contact Details:(H) _____ **(W)** _____ **(M)** _____

Team Name: _____
Category: _____
Starting: _____
Address: _____
(W) _____ **(M)** _____

Jersey Colour: _____
Shorts Colour: _____
Grade Preference(A or B): _____
Suburb: _____ **P/code:** _____
Email: _____

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