

Team Information:

Team Name: _____

Age Group: U10 U12 U14 U16 Team Gender: M F

Coach: Name: _____ Futsal Experience for team (Years): _____

Street: _____ Soccer Experience for team (Years): _____

City / Zip code: _____ Interested in a coaches clinic?

Phone: _____ Are you looking for more players?

Email (write legible!): _____

Roster and Team registration cost:

| | | |
|-------------------|------------|----------|
| 1. player: _____ | DOB: _____ | \$450.00 |
| 2. player: _____ | DOB: _____ | \$0.00 |
| 3. player: _____ | DOB: _____ | \$0.00 |
| 4. player: _____ | DOB: _____ | \$0.00 |
| 5. player: _____ | DOB: _____ | \$0.00 |
| 6. player: _____ | DOB: _____ | \$0.00 |
| 7. player: _____ | DOB: _____ | \$0.00 |
| 8. player: _____ | DOB: _____ | \$0.00 |
| 9. player: _____ | DOB: _____ | \$0.00 |
| 10. player: _____ | DOB: _____ | \$0.00 |
| 11. player: _____ | DOB: _____ | \$10.00 |
| 12. player: _____ | DOB: _____ | \$10.00 |
| Total: | | _____ |

Important Information:

- There are a limited number of spots for each age group. If your age group is already full, we will put you on a waiting list and call you as soon as there is an opening at which point you will have to pay the team registration fee.
- We strongly recommend team sizes of 10 players or less (larger teams have to pay more to cover insurance cost). You must have at least 5 players to register the team. Players can be added up to 2 weeks into the season, no guest players.
- In order to reserve a spot you have to pay the registration fee (cash or check). If a check bounces you lose your spot and will be charged a fee of \$25.
- After paying the team registration coaches will have to register themselves and their players online with CFAN. To do so coaches will have to pay an additional \$12 insurance for themselves. Details will be emailed to coaches.
- The season starts December 1st and ends February 28th, with 10 play weekends.
- Cancellation fee before November 15th, 2007 is \$50, no refund if you cancel on or after November 15th 2007.
- You need a valid email address as most of our communications will go out by email.
- Send this form with a check payable to "Futsal San Jose" to Futsal San Jose, 7234 Via Bella, San Jose, CA 95139.

Date and Signature:

Date: _____ Coaches Signature: _____