



# UNITED STATES FUTSAL

## NATIONAL CHAMPIONSHIP XVII

2002 National Futsal Championship Application  
June 13 - 16, 2002 Las Vegas, NEVADA

NAME OF STATE / NAT. ASSN.				
NAME OF TEAM:				
AGE CATEGORY:				
NAME OF COACH/MANAGER:				
ADDRESS				
PHONE NUMBER (home & Office)				
PLAYER NAME		DOB	JERSEY #	REGISTRATION #
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

I hereby certify that the above information is true and correct, and that I have read and understand the rules of the competition.

Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_