



UNITED STATES FUTSAL

NATIONAL CHAMPIONSHIP XIX

2004 National Futsal Championship Application
 July 8 - 11, 2004 Anaheim, CALIFORNIA

NAME OF STATE / NAT. ASSN.	
NAME OF TEAM:	
AGE CATEGORY:	
NAME OF COACH/MANAGER:	
ADDRESS	
PHONE NUMBER (home & Office)	email:

	PLAYER NAME	DOB	JERSEY #	REGISTRATION #
1				
2				
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9				
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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: _____