



# UNITED STATES FUTSAL NATIONAL CHAMPIONSHIP XX

**2005 TEAM APPLICATION FORM**  
**July 14 - 17 -- Anaheim, California**



<b>NAME OF STATE / NAT. ASSN:</b>	
<b>NAME OF TEAM:</b>	
<b>AGE CATEGORY:</b>	
<b>NAME OF COACH/MANAGER:</b>	
<b>ADDRESS &amp; PHONE #:</b>	

PLAYERS 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.

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