



**UNITED STATES
 FUTSAL
 NATIONAL CHAMPIONSHIP XXII**
2007 TEAM APPLICATION FORM
July 12 - 15 -- Anaheim, California



NAME OF STATE / NAT. ASSN:	
NAME OF TEAM:	
AGE CATEGORY:	
NAME OF COACH/MANAGER:	
ADDRESS & PHONE #:	

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: _____