



# BERMUDA FUTSAL FEDERATION

## MEN'S FUTSAL CUP TOURNAMENT TEAM REGISTRATION FORM

**Each Team shall have a minimum of 8 and a maximum of 12 players on their roster.**

**Registration is \$125 per team.**

**All cheques are to be made payable to the Bermuda Futsal Federation**

**Players must be aged 16 or older**

**NAME OF TEAM:** \_\_\_\_\_

**NAME OF COACH** (Please Print): \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

PLAYER NAME (Please Print)		DATE OF BIRTH DAY/MONTH/ YEAR
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
11)		
12)		

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

Official of Club or Organization

Day/Month/Year

**Email:** bdafutsal @yahoo.com

**Tel:** 595-8787