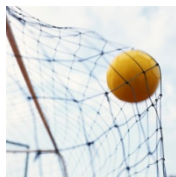


854 Reading Road *Mason, OH 45040
(513) 770-0667



FUTSAL LEAGUE TEAM ROSTER FORM

Please complete this form on-line or print and mail to the above address.

TEAM NAME: _____ AGE DIVISION: _____ HEAD COACH: _____

ASSISTANT COACH: _____ PHONE: _____ ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ E-MAIL ADDRESS: _____

	NAME (First) (Last)	Birth Date	Gender	Address	E-Mail	Shirt Size
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