LEBANON YOUTH SOCCER ASSOCIATION

FIRST WINTER FUTSAL LEAGUE

TEAM REGISTRATION FORM

Complete one form per team. The adult listed below will serve as the primary team contact.

TEAM INFORMATION

Team Name: _____

Age Division (select one): ☑ U7 ☐ U9 ☐ U11 ☐ U13 ☐ High School*

Division (select one): ☐ Boys ☐ Girls

High school division will be offered based on interest.

ADULT RESPONSIBLE FOR THE TEAM

Full Name: _____

Phone Number: _____

Email Address: _____

PLAYER ROSTER

#	Player full name
1	
2	
3	
4	
5	
6	
7	

LEAGUE INFORMATION

Season: November 14 – January 9 | Six Saturday games | Game times TBD

Location: Trailview Church, 1530 Riley Rd, Lebanon, IN 46052

No games on Thanksgiving or Christmas/New Year weekends.

Cost: $120 per team + $15 per player. Teams determine how to split the team fee.

Team fee covers gym rental and referees; player fee covers registration, insurance, and a player card.

Rules: Slightly modified US Youth Futsal rules; full rules will be posted on the Winter League page.

Contact / pre-registration: brett@hcwordofmouth.com

Adult Signature: _____ Date: _____