



MARQUETTE UNIVERSITY ADULT FUTSAL LEAGUE

Registration Form

Team Name: _____ Over 21: _____

Coach's Name: _____ Phone: _____

Manager's Name: _____ Phone: _____

E-mail: _____

	Jersey #	Last Name	First Name	DOB
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Manager/Coach signature: _____ Date: _____

Please make check payable to:
Send forms or Fax to:

MARQUETTE UNIVERSITY SOCCER SCHOOL
Marquette University – Department of Intercollegiate Athletics
Att: Marcelo Santos/Men's Soccer
Gym, Lower Level – P.O. Box 1881
Milwaukee, WI 53201-1881
Fax: 414-288-6680

PLEASE CHARGE THE FOLLOWING CREDIT CARD:

__ MasterCard __ Visa __ Discover

Card No. _____ Exp. Date _____

Signature (for charge card authorization)

Cost: \$430