



MARQUETTE UNIVERSITY FUTSAL TOURNAMENT

Registration Form

Team Name: _____ Age Division: _____

Club: _____ Boys: ____ Girls: ____

Manager's Name: _____ Phone: _____

E-mail: _____

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

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: \$165