



NSFC-5 v 5 Futsal League Registration Form

Primary Household Contact (Last Name) _____ (First Name) _____

Address _____ City/Zip _____

Cell Phone _____ Email _____

Team Name	
Club/Rec. Team Affiliate	
Coach Name	
Coach Email	
Coach Phone #	

*All teams must have a parent coach present and on the bench at all games.

*Team Jerseys need to be provided by the team, or teams will be given pinnies on game days.

* Additional roster forms will be sent to coaches. Roster max of 15.

Circle Division (Player Birth Year)

2014 (510800-64)

2015 (510800-63)

2016 (510800-62)

2017 (510800-61)

TEAM FEE: \$600

INDIVIDUAL: \$75

**Individual reg. subject to approval*

METHOD OF PAYMENT

☐ Cash ☐ MasterCard ☐ Visa ☐ Discover ☐ Check # _____

Name: _____ Exp. Date: _____
(as it appears on card)

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Signature: _____ Total Due \$

- Make checks payable to: Niles Park District
- Registration form can be emailed to NSFCmanagement@gmail.com OR dropped off in-person at Golfview Recreation Ctr.

