New England Futsal
Team Reservation Form

Instructions: Please fill out this form and submit with $200 team deposit to ATT: John Kinnane, New England Futsal, P.O. Box 24, Adamsville, RI 02801

This team reservation form will reserve your team's spot in our league scheduling for the upcoming futsal season. Please fill it out in its entirety and attach payment.

Coach Name: _____ , _____
Last First

Coach Address: _____
Street

_____, _____, _____
City/Town State Zip

Cell Tel: _____

Email Address: _____

Team Name: _____

Team Age: _____ Team Gender: _____

League Choice: ***(select one)***

Catholic Youth Futsal _____

Fall River Futsal _____

Mansfield Futsal _____

Marlboro Futsal _____

Norfolk Futsal _____

Roger Williams University Futsal _____

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