Revere FC Registration Form
Revere FUTSAL
87 Prospect Ave
Revere, MA 02151

Team Information

League: Revere Futsal League - Revere

Team Name: _____
As it Should Appear in Schedule and Standings

Age Group: _____

Gender: _____

Level of Play: _____

Coach Information

First Name: _____

Last Name: _____

Birth Date: MM DD YYYY

Address: _____

City: _____

Email: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

State: _____ Zip: _____

Player Information

	First Name	Last Name	Email	Birth Date		
01				MM	DD	YYYY
02				MM	DD	YYYY
03				MM	DD	YYYY
04				MM	DD	YYYY
05				MM	DD	YYYY
06				MM	DD	YYYY
07				MM	DD	YYYY
08				MM	DD	YYYY
09				MM	DD	YYYY
10				MM	DD	YYYY
11				MM	DD	YYYY
12				MM	DD	YYYY
13				MM	DD	YYYY
14				MM	DD	YYYY
15				MM	DD	YYYY
16				MM	DD	YYYY
17				MM	DD	YYYY
18				MM	DD	YYYY

Electronically fill in this form, Print it and Mail it.
Questions Call **781 718 9971**