

SUMMER FUTSAL TEAM REGISTRATION FORM

Team Name:				
Jersey Color:				
Parent Volunteer / Captain Name:				
Parent Volunteer / Captain Cell #:				
Division (circle)	U9/U10 (Mon)	U11/U12 (Mon)	U13/U14 (Wed)	U15/U16 (Wed)
Parent volunteer or captain is responsible for collecting fees, making payment & registering team				
Submit registration form to Keith Gunn at k.gunn@savannahunited.com or the United office with payment				
Please make payment (\$700) by check made out to 'Savannah United'				
A team is not considered registered until payment has been received				
A team is not considered 'accepted' until confirmed by Summer Futsal Program Director Keith Gunn				
Dates in June: 12,14,19,21,26,28				

Dates in July: 17,19,24,26