

# CENTRAL MARYLAND FUTSAL LEAGUE

SPONSORED BY THE CENTRAL MARYLAND SOCCER ASSOCIATION

TEAM NAME \_\_\_\_\_ UNIFORM COLOR \_\_\_\_\_

CLUB/PROGRAM \_\_\_\_\_ AFFILIATION \_\_\_\_\_

COACH \_\_\_\_\_ E-MAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

ALTERNATE CONTACT \_\_\_\_\_ E-MAIL \_\_\_\_\_

PHONE (H) \_\_\_\_\_ (C) \_\_\_\_\_

COMP LEVEL	____ A	____ B	____ C	____ BOYS LEAGUE ____ GIRLS LEAGUE					
AGE GROUPING	____ 8	____ 9	____ 10	____ 11	____ 12	____ 13	____ 14	____ U16	____ U18

**Roster Maximums:** Rosters Maximum of 14 Players

**Notice:** Coaches must be prepared to present proof of age at all games

Affiliation: A copy of your stamped affiliated roster must be mailed in to our office 14 days prior to the session

Return completed form with registration fee payable to:

**CMSA FUTSAL**

P.O. Box 18403

Baltimore, MD 21237