

ULTIMATE FUTSAL LEAGUE

Registration Email: register@ultimate-futsal.com

Tel: (65) 9767 2232

FUTSAL LEAGUE TEAM REGISTRATION FORM (PAGE 1)

Team Name: _____

Jersey Colour (Home): _____ Jersey Colour (Away): _____

Category: _____

Venue: The Cage

TEAM CAPTAIN (MAIN CONTACT PERSON)

Full Name: _____

Gender (circle one): Male / Female

Address: _____

Postal Code: (S) _____

Telephone (Home): _____ Telephone (Hp): _____

NRIC/Passport No.: _____ Country of Birth: _____

Occupation: _____

Player's Last Team _____

Played For (if any): _____

I acknowledge that I assume the risk for any personal or team injury or death caused before, during, or after the game and/or practice and I will not hold liable my Team, Club, League, Pitch Vendors or the organizers (UFO) of this League.

I Agree/Disagree (circle one)

Signature / Date

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FUTSAL LEAGUE TEAM REGISTRATION FORM (PAGE 2)

TEAM VICE-CAPTAIN (2ND CONTACT PERSON)

Full Name: _____

Gender (circle one): Male / Female

Address: _____

Postal Code: (\$) _____

Telephone (Home): _____ Telephone (Hp): _____

NRIC/Passport No.: _____ Country of Birth: _____

Occupation: _____

Player's Last Team
Played For (if any): _____

I acknowledge that I assume the risk for any personal or team injury or death caused before, during, or after the game and/or practice and I will not hold liable my Team, Club, League, Pitch Vendors or the organizers (UFO) of this League.

I Agree/Disagree (circle one)

Signature / Date

FOR OFFICIAL USE

Comment: _____

Verified By: _____

Registration Fee: (\$) _____

Amount Paid: (\$) _____