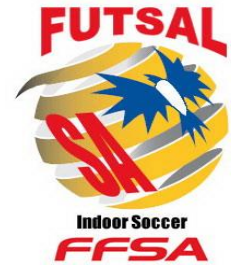




FUTSAL SA
July to Dec 2017
New Season Package and Terms
Agreement for
FUTSAL SA
Wednesday Open Men's Competition



TEAM NAME: _____		
	PLAYER'S NAME	SIGNED
1		
2		
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12		

Team Contact Name: _____

By signing this document I acknowledge I have read and agree to abide by conditions stated in the Futsal SA Code of Conduct, and the Competition Guidelines documents.

I have advised my team members of the information contained within these documents.

Signature: _____ **Date:** ____/____/____