



ERITREAN SPORTS FEDERATION IN NORTH AMERICA

P.O. Box 1625, Lilburn, GA 30048

TEAM REGISTRATION FORM

TEAM INFORMATION

Team Name: _____	City: _____
Registration Date: _____	Status: <input type="checkbox"/> New <input type="checkbox"/> Returning

TEAM PRIMARY CONTACT INFORMATION

Name: _____	_____
	<i>First Last</i>
Title: _____	_____
	<i>(Coach, Team Manager, Player/Manager, Club Chairperson, etc...)</i>
Address: _____	_____
	<i>Street Address</i>
_____	_____
	<i>City State/Region Postal Code Country</i>
Home Phone: _____	Mobile Phone: _____
E-mail Address: _____	_____

COMPETITION SPORT

<input type="checkbox"/> Men's Soccer	<input type="checkbox"/> Youth Soccer	<input type="checkbox"/> Basketball
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DIVISION

Men's Soccer:	<input type="checkbox"/> Premier Division	<input type="checkbox"/> Second Division			
Youth Soccer:	<input type="checkbox"/> U9 COED	<input type="checkbox"/> U12 COED	<input type="checkbox"/> U15 COED	<input type="checkbox"/> U18 BOYS	<input type="checkbox"/> U18 GIRLS
Basketball:	<input type="checkbox"/> Junior Varsity	<input type="checkbox"/> Varsity			

PAYMENT INFORMATION

Amount Enclosed: _____	Check/Money Order No. _____
	<i>U.S. Dollars</i>

NOTE: Make check payable to ERSFNA. Mail your payment to ERSFNA, P. O. Box 1625, Lilburn, GA 30048.