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WE'D LIKE TO HEAR FROM YOU!

DATE: _____
NAME: _____
ADDRESS: _____
PH. NUMBER: _____

YOUR PARTICIPATION EXPERIENCE:
(Please Circle All That Apply)

Youth: KinderFutsal JuniorFutsal U-8 U-10 U-12 U-14 HS
Adult: Coed Women's Men's

SUGGESTION:

OTHER INFORMATION:

EXPERIENCE THE EXCITEMENT!