



**2015-2016
MINNESOTA SPORTS FEDERATION
FALL AND WINTER TEAM MEMBERSHIP FORM**

*PLEASE TYPE OR PRINT AND COMPLETE ALL ENTRIES
DO NOT PLACE MORE THAN ONE DIVISION CODE ON THIS FORM
FORMS WHICH ARE NOT LEGIBLE WILL BE RETURNED
(Reproduction Permitted)*

SPORTS COMMUNITY _____ LEAGUE DIRECTOR _____ DATE _____

ADDRESS _____ CITY & STATE _____ ZIP _____ EMAIL _____

(P.O. Box Addresses Not Accepted)

PHONE WORK () _____ CELL () _____ HOME () _____

LEAGUE REFEREE IN CHIEF _____

ADDRESS _____ CITY & STATE _____ ZIP _____ EMAIL _____

PHONE WORK() _____ CELL () _____ HOME () _____

DIV CODE: _____ (ENTER ONE ONLY)	TEAM MEMBERSHIP MATERIALS (Guide Books, Rule Books, Etc)	OFFICE USE ONLY
	ALREADY RECEIVED SHIP	<input type="checkbox"/> REGULAR SEASON ROSTERS RECEIVED <input type="checkbox"/> TOURNAMENT ENTRIES AWARDED

MTFB - Men's Touch Football	MBB - Men's Broomball	MVB - Men's Volleyball
MBK - Men's Basketball	WBB - Women's Broomball	WVB - Women's Volleyball
		CRVB - Co-Rec Volleyball

List legibly below each team being registered and the correct
and complete address (including zip code & email address) for each team manager

TEAM CLASSIFICATION

			A	B	C	D
1. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
2. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
3. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
4. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
5. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				

-See Reverse-

TEAM CLASSIFICATION

			A	B	C	D
6. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
7. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
8. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
9. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
10. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
11. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
12. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
13. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
14. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				
15. TEAM _____	MGR _____	EMAIL _____				
ADDRESS _____	CITY _____	ZIP _____				

MEMBERSHIP	SHIPPING CHART
Football \$16.00/Team Volleyball \$16.00/Team Broomball \$16.00/Team Basketball \$16.00/Team Add \$3.00 per team late fee if after January 5 deadline	4-12 Teams = \$4.00 13-30 Teams = \$6.00 31-Above Teams = \$8.00

TOTAL TEAMS REGISTERED - PLEASE COMPLETE

_____ TEAMS @ \$ _____ EACH = \$ _____

\$ _____ per team additional contribution
to MSF Program Development \$ _____

TOTAL = \$ _____

MEMBERSHIP FEES OR P.O. # MUST ACCOMPANY THIS FORM

Please complete credit card info or make check/money order payable to MSF and send to:

SEND TO:
 MSF Fall/Winter Team Membership
 P.O. Box 26668
 St. Louis Park, MN 55426
 Monday-Friday 8:30am-4:30pm (952) 405-6936
 Fax (952) 405-6936

Visa ____ Mastercard ____ Discover ____ Credit Card Number (16 Digits): _____ Month/Year Expiration _____ (Cannot be processed without expiration date) Name as it appears on card _____ Signature _____
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