



**2018
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
		REGULAR SEASON ROSTERS RECEIVED _____ TOURNAMENT ENTRIES AWARDED _____

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

TOTAL TEAMS REGISTERED - PLEASE COMPLETE

TEAMS _____ @ EACH = \$ _____

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

TOTAL = \$ _____

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

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
 118 12th Ave. N.
 South St. Paul, MN 55075
 Phone (651) 451-3140
 Fax (651) 451-3140

Visa _____ **Mastercard** _____ **Discover** _____
Credit Card Number (16 Digits): _____
Expiration _____ (Cannot be processed without expiration date)
3 Digit Sec. Code _____
Name on card _____ **Signature** _____