



**2018-19**  
**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 Operations/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 = \$6.00 13-30 Teams = \$8.00 31-Above Teams = \$10.00

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 _____ <b>Credit Card Number (16 Digits):</b> _____ <b>Expiration</b> _____ (Cannot be processed without expiration date) <b>3 Digit Sec. Code</b> _____ <b>Name on card</b> _____ <b>Signature</b> _____
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