

## FUTNET Texas Challenge Enrollment Form

Completed form & payment contact:

**af.futnetusa@gmail.com**



First Name:	Middle Name:	Last Name:
Date of Birth:		
Address (#, Street, City, State & ZIP):		
E-mail Address:		
Phone Number:		
Affiliated Club or Association:		
<b><u>Check all that apply:</u></b>		<b><u>Event Registration:</u></b>
<input type="checkbox"/> Player		<input type="checkbox"/> Singles/1 Activity/\$60.00
<input type="checkbox"/> Official		<input type="checkbox"/> Doubles/1 Activity/\$60.00
<input type="checkbox"/> Sponsor		<input type="checkbox"/> Triples/1 Activity/\$60.00
<input type="checkbox"/> Enthusiast		<input type="checkbox"/> All 3 Activities/\$100.00
<input type="checkbox"/> Club/Association		
<input type="checkbox"/> Other _____		

\_\_\_\_\_

Signature/Name

\_\_\_\_\_

Date

**For Official Use Only:**

Date of Form Received: \_\_\_\_\_

Amount Received: \_\_\_\_\_

Notes: \_\_\_\_\_