**FA Futsal Cup 2018**

**TEAM ENTRY FORM**

Club/Team name…………………………………………………………..

County FA……………………………………………………………

Affiliation number………………………………………………..

Is your affiliation as a: Futsal Team Football Team

Is your team: Male Female

Main Contact Name………………………………………………….

Contact Number………………………………………………………

Contact email address……………………………………………..

Does your team currently play in a league?

Futsal

5aside/other small sided

11v11 Football

None

**To enter your team please return this entry form to the following:**

Men’s Teams: Bob Leeds bob.leeds@amateur-fa.com

Women’s Teams: Tina Reed futsalprojectofficer@thefa.com

**The £30 entry fee must be paid to secure your place and should be paid to:**

Sort Code: 30-97-73
Account Number: 41934668
Reference: Club/Team Name
Berks & Bucks FA Ltd