



# LONG ISLAND FUTSAL® (FIVE - A - SIDE SOCCER) LEAGUE

Phone: (631) 790-7481 [www.lifutsal.com](http://www.lifutsal.com)

Email: [li\\_futsal@optonline.net](mailto:li_futsal@optonline.net)

Long Island Futsal® is an Affiliated League of New York Futsal – East & the United States Futsal Federation – Region I

FUTSAL® five-a-side soccer. is a registered trademark of the United States Futsal Federation, protected by Federal Law

15<sup>th</sup> Year Anniversary

## FUTSAL® (five-a-side soccer) LEAGUES

**Dates:** January 8 to February 26, 2012 (Weather Make-up dates: Mar 4, Mar 11, 2012)

**Locations:** Connetquot HS, Bohemia, Newfield HS, Selden/Dawnwood Middle Schools, Centereach, Our Savior Church, Centereach

**Age Groups:** Boys and Girls U7–HS (U17-U19)

**Format:** Eight 50 minute games

**Roster Size:** Minimum of 7 players, Maximum of 18

**Probable Playing Days:** U13's play on Saturdays, all other age groups play on Sunday

**IDs/Passes:** Photo ID's required for U13-U19 & all teams that "split" into two teams

**On-Line Team Registration:** Required for all teams; \$9 per player fee which covers insurance

**Awards:** 1<sup>st</sup> and 2<sup>nd</sup> place (plaques or Champion & Finalist T-shirts)

U7-U9 receive participation medals (no standings)

(teams that forfeit a game are not eligible for 1<sup>st</sup> or 2<sup>nd</sup>)

**Cost:\*** \$600 for U7 - U9 \* 3% higher if using a credit card (Paypal)

\$700 for U10-U 12

\$750 for U13 – HS (U17-U19)

\* does not include \$9 per player fee paid online to US Futsal for registration and insurance

**\*\* ALL REGISTERED PLAYERS RECEIVE A 15<sup>TH</sup> Anniversary T-Shirt**

(in lieu of shirts teams can opt for a \$4 per registered player refund at the end of the season)

**There will be no refunds after registration and division alignment**

**Mail Payment to: (\$100 Deposit due by Dec. 10th) or pay with [PayPal](https://www.paypal.com)  
Long Island Futsal League, PO Box 863, Holbrook, NY 11741**

### Long Island Futsal League Application

Team Name: \_\_\_\_\_ Age Group: \_\_\_\_\_ DOB of oldest player: \_\_\_\_\_ Circle: Boys / Girls

Coach's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Team's Level of Play: Intramural \_\_\_\_\_ Travel \_\_\_\_\_ Division \_\_\_\_\_ Premier \_\_\_\_\_

age groups may be combined to balance competition

Payment/Deposit Amount: \_\_\_\_\_ Check Number: \_\_\_\_\_

Schedule requests are not a guarantee, and can only be considered if received by application deadline