



HUSKY HIGH SCHOOL INDOOR SOCCER LEAGUE

Team Name: _____ School Representing: _____

Coach (Adult Contact) _____ Work/Cell: _____

Home Phone: _____ Email Address: _____

Alternate Contact (may be a team member): _____

Work/Cell: _____ Home Phone: _____

Email Address: _____

Address: _____ Color of Uniform: _____

City: _____ Zip: _____

Mail Entry Forms & Check To:

St. Cloud State University
SRC 160
702 4th Avenue South
St. Cloud, MN 56301

