



UNITED STATES ADULT SOCCER ASSOCIATION, INC.

Member of the Amateur Council of the USSF

9152 Kent Avenue, Suite C-50  
Lawrence, Indiana 46216

## 2003 USASA Veteran's Cup Entry Form MEN'S OVER-40 INTERNATIONAL DIVISION

**ALL SUCCESSFUL APPLICANTS MUST SUBMIT A \$500 PERFORMANCE BOND, ALONG WITH THE \$200 ENTRY FEE.**

**Awards: The winner shall receive a cash prize of \$750 and the second place finisher a cash prize of \$250.**

**Please Note:**

- No Entry will be accepted after: **April 1, 2003. Finals to be held August 6 – 10, 2003.**
- PRINT** or **TYPE** all information requested on this form.
- Include **AREA CODE** with all telephone numbers.
- Only **MONEY ORDERS** or **CASHIER'S CHECKS** will be accepted.  
Makes Checks payable to: **United States Amateur Soccer Association**
- All decisions of the National Veteran's Cup Commissioner and Veteran's Cup Committee are final and binding.

**FULL NAME OF TEAM ENTERING:** \_\_\_\_\_

**NATIONAL ASSOCIATION AFFILIATION:** \_\_\_\_\_

**LEAGUE AFFILIATION:** \_\_\_\_\_

**TEAM UNIFORM DESCRIPTION:** (Must show complete sets, including socks)

	Home Set	Alternate Set
Shirts:	_____	_____
Shorts:	_____	_____
Socks:	_____	_____

**PLEASE PROVIDE THE VETERAN'S CUP COMMITTEE WITH A RESUME OF YOUR TEAM. ALSO, BE SURE AND COMPLETE THE SECOND PAGE OF THE APPLICATION.**

**Soccer – your game for life**



UNITED STATES AMATEUR SOCCER ASSOCIATION. INC.  
2003 Veteran's Cup International Invitational Division

Team Manager: \_\_\_\_\_ Home Phone: (\_\_\_\_)\_\_\_\_\_  
Address: \_\_\_\_\_ Home Fax: (\_\_\_\_)\_\_\_\_\_  
City: \_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_  
State/Zip: \_\_\_\_\_ Work Fax: (\_\_\_\_)\_\_\_\_\_  
E-Mail: \_\_\_\_\_

Team Coach: \_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_\_  
Address: \_\_\_\_\_ Home Fax (\_\_\_\_)\_\_\_\_\_  
City: \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_\_  
State/Zip: \_\_\_\_\_ Work Fax: (\_\_\_\_)\_\_\_\_\_  
E-Mail: \_\_\_\_\_

Home Field

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact Person Name: \_\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_\_

Return Entry Form and Check or Money Order payable to USASA to:

**Timothy W. Busch, National Chairman**  
**820 South Tenth Street**  
**Mount Vernon, WA 98274 Telephone (360) 336-2240 Fax (360) 419-9840 Email: busch@sos.net**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Applicant \_\_\_\_\_

Signature of Applicant

Date