



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