



UNITED STATES ADULT SOCCER ASSOCIATION, INC.

Member of the Amateur Council of the USSF

9152 Kent Avenue, Suite C-50 – Lawrence, IN 46216

2003 USASA Veteran's Cup Entry Form

MEN'S CUPS	ENTRY FEE	WOMEN'S CUPS	ENTRY FEE
<input type="checkbox"/> US National Over-40 Cup	\$200.00	<input type="checkbox"/> US National Over-40 Cup	\$200.00
<input type="checkbox"/> US National Over-50 Cup	\$200.00	<input type="checkbox"/> US National Over-50 Cup	\$200.00
<input type="checkbox"/> US National Over-55 Cup	\$200.00	<input type="checkbox"/> US National Over-55 Cup	\$200.00

THE FINAL DEADLINE FOR REGISTRATION IS APRIL 1, 2003. ALL FINAL APPLICATIONS MUST INCLUDE A \$500 BOND, IN ADDITION TO THE \$200 ENTRY FEE.

Awards: In each division, 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 are to be held August 6 – August 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**
- A team may enter more than one competition if it meets the criteria. Use one form per entry.
- All teams must forward to the Regional Cup Commissioner a preliminary player roster certified by the State Registrar, not later than twenty-one (21) days prior to the National finals.
- All decisions of the National Veteran's Cup Commissioner and Veteran's Cup Committee are final and binding.

FULL NAME OF TEAM ENTERING: _____

STATE ASSOCIATION AFFILIATION: _____

LEAGUE AFFILIATION: _____

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

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



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2003 National Veteran's Cup

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:

Return to your Regional Veteran's Cup Commissioner

Comments: _____

Printed Name of Applicant

Signature of Applicant

Date