



VETERANS CUP



UNITED STATES ADULT SOCCER ASSOCIATION, INC
Member of the Amateur Council of the USSF
9152 Kent Avenue, Suite C-50 – Indianapolis, IN 46216

2010 USASA Veterans Cup Entry Form

MEN'S CUPS ENTRY FEE
[] US National Over-30 Cup \$400.00
[] US National Over-40 Cup \$400.00
Premier Division or 1st Division
(Circle one above)

WOMEN'S CUPS ENTRY FEE
[] US National Over-30 Cup \$400.00
[] US National Over-40 Cup \$400.00
*Premier Division or 1st Division
(Circle one above)

[] US National Over-45 Cup \$400.00
[] O-50 International Open Div \$400.00
[] O-55 International Open Div \$400.00
*[] O-60 International Open Div \$400.00
*[] O-65 International Open Div \$400.00

[] O-50 International Open Div \$400.00
[] O-55 International Open Div \$400.00
[] O-60 International Open Div \$400.00

*PLEASE NOTE: At least four (4) teams must be registered by February 27th to run this division!!!

THE FINAL DEADLINE FOR REGISTRATION IS MAY 15, 2010. ALL FINAL APPLICATIONS MUST INCLUDE A \$400.00 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:

- 1. No Entry will be accepted after: May 15, 2010. Finals are to be held July 13th – July 18th, 2010 in Lancaster, MA
2. PRINT or TYPE all information requested on this form and include AREA CODE with telephone number.
3 4. Only MONEY ORDERS or CASHIER'S CHECKS will be accepted.
Makes Checks payable to: United States Adult Soccer Association
5. A team may enter more than one competition if it meets the criteria. Use one form per entry.
6. 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.
7. All decisions of the National Veterans Cup Commissioner and Veterans Cup Committee are final and binding.

Soccer – Your game for life

UNITED STATES ADULT SOCCER ASSOCIATION, INC
2010 National Veterans Cup

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:	_____	_____

Team Manager: _____ Home Phone: (____) _____

Address: _____ E-Mail _____

City: _____ Work Phone: (____) _____

State/Zip: _____ Work Fax: (____) _____

Team Coach: _____ Home Phone: (____) _____

Address: _____ E-Mail _____

City: _____ Work Phone (____) _____

State/Zip: _____ Work Fax: (____) _____

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

Veterans' Cup Chairman: Timothy W. Busch 820 S 10TH ST Mt. Vernon, WA 98274 (360) 708-8751

Printed Name of Applicant Signature of Applicant Date

ENRICHING LIVES THROUGH SOCCER

