



UNITED STATES ADULT SOCCER ASSOCIATION, INC.

Member of the Amateur Council of the USSF

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

## 2004 USASA Veteran's Cup Entry Form

MEN'S CUPS	ENTRY FEE	WOMEN'S CUPS	ENTRY FEE
<input type="checkbox"/> US National Over-40 Cup	\$300.00	<input type="checkbox"/> US National Over-30 Cup	\$300.00
<input type="checkbox"/> US National Over-45 Cup	\$300.00	<input type="checkbox"/> US National Over-35 Cup	\$300.00
<input type="checkbox"/> US National Over-50 Cup	\$300.00	<input type="checkbox"/> US National Over-40 Cup	\$300.00
<input type="checkbox"/> US National Over-55 Cup	\$300.00	<input type="checkbox"/> US National Over-45 Cup	\$300.00
		<input type="checkbox"/> US National Over-50 Cup	\$300.00
		<input type="checkbox"/> US National Over-55 Cup	\$300.00

***THE FINAL DEADLINE FOR REGISTRATION IS APRIL 1, 2004. ALL FINAL APPLICATIONS MUST INCLUDE A \$500 BOND, IN ADDITION TO THE \$300 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, 2004. Finals are to be held June 23 – June 27, 2004.***
- 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 Adult 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.

***Soccer – Your game for life***

UNITED STATES ADULT SOCCER ASSOCIATION, INC  
2004 National Veteran's Cup

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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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**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: (\_\_\_\_) \_\_\_\_\_

**Please return bond to:**

Name: \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

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

**Regional Veteran's Cup Commissioner (see: [www.usasa.com](http://www.usasa.com) or [www.soccerhawaii.com](http://www.soccerhawaii.com))**

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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**ENRICHING LIVES THROUGH SOCCER**

