



UNITED STATES ADULT SOCCER ASSOCIATION. INC.

Member of the Amateur Council of the USSF

9152 Kent Avenue, Suite C-50

Lawrence, Indiana 46216

2004 USASA Veteran's Cup Entry Form MEN'S OVER-40 INTERNATIONAL DIVISION

ALL SUCCESSFUL APPLICANTS MUST SUBMIT A \$500 PERFORMANCE BOND, ALONG WITH THE \$300 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, 2004. Finals to be held June 23 – 27, 2004 at Waipio Soccer Complex, Honolulu, Hawaii.**
- 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**
- 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.

UNITED STATES ADULT SOCCER ASSOCIATION, INC

2004 National Veteran's 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: (____) _____

Please return bond to:

Name: _____ Home Phone (____) _____

Address: _____ City/State/Zip _____

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

Timothy W. Busch, National Veteran's Chair (see: www.usasa.com)

Printed Name of Applicant

Signature of Applicant

Date

ENRICHING LIVES THROUGH SOCCER

