



UNITED STATES ADULT SOCCER ASSOCIATION National Amateur Cups Entry Form



Check One	MEN	ENTRY FEE	Check One	WOMEN	ENTRY FEE
<input type="checkbox"/>	US National Amateur Cup (In Memory of Kurt Lamm)	<u>\$200.00</u>	<input type="checkbox"/>	US National Open Cup	<u>\$250.00</u>
<input type="checkbox"/>	US National Over 30 Cup	<u>\$200.00</u>	<input type="checkbox"/>	US National Amateur Cup	<u>\$200.00</u>
<input type="checkbox"/>	US National Under 23 Cup	<u>\$200.00</u>	<input type="checkbox"/>	US National Over 30 Cup	<u>\$200.00</u>
			<input type="checkbox"/>	US National Under 23 Cup	<u>\$200.00</u>

NOTE: Check with your State Association and Region for additional fees

1. NO TEAM will be allowed to compete at ANY LEVEL until this form (and the fee) has been received by the National State Association Cup Commissioner of the Adult Division.
2. No Entry will be accepted after: _____
3. Only State Association checks will be accepted for Cup Entries, payable to USASA.
4. A team may enter more than one competition if it meets the criteria. One form required for each entry.
5. Professional womens teams may only enter the Women's US National Open Cup.
6. A \$500 bond is required from all state winners immediately upon being declared State Champion. Only State Association checks, Money Order, or Cashiers Checks will be accepted, made payable to the USASA. A return address must accompany that check (see below).
7. All decisions of the State Cup Commissioner and National Cup Committee are final and binding.

FULL NAME OF TEAM ENTERING: _____

STATE ASSOCIATION AFFILIATION: Wisconsin Adult Soccer Association

LEAGUE AFFILIATION: _____

PRIMARY UNIFORM Shirts _____ Shorts _____ Socks _____

ALTERNATE UNIFORM Shirts _____ Shorts _____ Socks _____

Team Manager: _____ Home Phone: (____) _____

Address: _____ Home Fax: (____) _____

City: _____ Work Phone: (____) _____

State/Zip: _____ E-Mail: (____) _____

Team Coach: _____ Home Phone: (____) _____

Address: _____ Home Fax: (____) _____

City: _____ Work Phone: (____) _____

State/Zip: _____ E-Mail: _____

Team bond to be returned to:

Name: _____

Address _____

I have read and understand the USASA National Cups Policies. I am entering the team named in this Entry Form with the full understanding that all games in these competitions will be governed by the Cup Policies, the Constitution and Rules of the USASA, the USSF, and The Laws of the Game as published by FIFA

Printed Name of Applicant

Signature

Date

Return this Form to: _____