Logo

Description automatically generated**UNITED STATES ADULT SOCCER ASSOCIATION**

# Member of the Amateur Council of the USSF

Eastern PA Soccer

National Cups Entry Form 2021-2022

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Check One* MEN** | | **Deadline by 5 PM** | **ENTRY FEE** |  |  | | **Deadline by 5 PM** | **ENTRY FEE** |
|  | Frank Giancroce Open Cup | 9/24/21 | $250 |  | Men’s Over-40 | 2/4/22 | $150.00 |
|  | Robert M. O’Neill Amateur | 9/24/21 | $150 |  | | | |
|  | Norman S. Inazu Over 30 Cup | 2/4/22 | $150 |

1. Please **PRINT** or **TYPE** all information **legibly!** Illegible forms will be rejected.
2. **CASH, MONEY ORDERS, CERTIFIED CHECKS ONLY payable to EASTERN PENNSYLVANIA SOCCER ASSOCIATION (EPSA**)
3. A team may enter more than one competition if it meets the criteria. Use one form per entry.
4. All decisions of the State Cup Commissioner and National Cup Committee are final and binding.
5. **Any applicants not meeting all of the above criteria and deadlines will be disqualified.**

## We would be interested in hosting the Cup Draw Party, to take place within 7 days from deadline. Yes No

**FULL NAME OF TEAM ENTERING:**

**STATE ASSOCIATION AFFILIATION:** Eastern Pennsylvania Soccer Association (EPSA)

# LEAGUE AFFILIATION:

**PRIMARY UNIFORM:** Shirts Shorts Socks

**ALTERNATE UNIFORM:** Shirts

## Shorts

Socks

I have read and understand the USASA National Cup Policies at [www.usasa.com.](http://www.usasa.com/) 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 National Cups Policies, the Constitution and Rules of the EPSA, the USASA, the USSF, and The Laws of the Game as published by FIFA.

# Home Field Address:

**Team Manager**: Address: City:

## Home Phone: ( ) Home Fax: ( ) Cell Phone: ( )

State/Zip: E-Mail:

**Team Coach**: Address: City:

## Home Phone: ( ) Home Fax: (\_\_\_\_\_) Cell Phone: ( )

State/Zip: E-Mail:

Printed Name of Applicant Signature Date

# Return to: Eastern Pennsylvania Soccer Association 4070 Butler Pike, Suite 100

Date Pd Pymt Method Amount:

**Plymouth Meeting, PA 19462 e-mail:** [**eastpasoccer@gmail.com**](mailto:eastpasoccer@gmail.com)