



# Metropolitan DC-Virginia Soccer Association

## 2006 State Cup

### Entry Form



Men's Open

Men's O-30

Men's O-40

Women's Open

Women's O-30

Women's O-40

TEAM NAME \_\_\_\_\_ ORGANIZATIONAL MEMBER LEAGUE \_\_\_\_\_

UNIFORM COLORS    **PRI**    JERSEY \_\_\_\_\_    SHORTS \_\_\_\_\_    SOCKS \_\_\_\_\_  
                          **ALT**    JERSEY \_\_\_\_\_    SHORTS \_\_\_\_\_    SOCKS \_\_\_\_\_

#### PRIMARY CONTACT INFORMATION

Name \_\_\_\_\_  
Role \_\_\_\_\_  
Street Address 1 \_\_\_\_\_  
Street Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Facsimile # \_\_\_\_\_  
Email Address \_\_\_\_\_

#### SECONDARY CONTACT INFORMATION

Name \_\_\_\_\_  
Role \_\_\_\_\_  
Street Address 1 \_\_\_\_\_  
Street Address 2 \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Home # \_\_\_\_\_  
Work # \_\_\_\_\_  
Cell # \_\_\_\_\_  
Facsimile # \_\_\_\_\_  
Email Address \_\_\_\_\_

**Signature of team captain/manager acknowledging priority of State Cup matches over all local league matches.**

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Role **Captain / Manager**

CHECK INFO    **Make checks (\$150) payable to MDCVSA  
Write team name and competition  
in "memo" portion of check**

MAIL CHECK AND ENTRY FORM TO  
**Mr. Jesse Rosenthal  
MDCVSA State Cups  
5327 5th Street North  
Arlington, VA 22203**

