



METRO DC VIRGINIA SOCCER ASSOCIATION

Men's State Cup Entry Form

TEAM NAME: _____

LEAGUE: _____

DATE: _____

UNIFORM COLORS	PRIMARY	JERSEY		SHORTS		SOCKS	
	ALTERNATE	JERSEY		SHORTS		SOCKS	

PRIMARY TEAM CONTACT

Name :

Email

Primary Phone#:

Secondary Phone Number:

ALTERNATE TEAM CONTACT

Name :

Email :

Primary Phone#:

Secondary Phone Number:

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

Printed Name :

Signature:

Date:

Send Entry forms, via email to mdevsa.info@gmail.com

AND mail payment to:

MDCVSA, PO BOX 673, Locust Grove, VA 22508

MDCVSA USE ONLY

Date Entry Form Received _____