CALIFORNIA YOUTH SOCCER ASSOCIATION-SOUTH
2004 STATE CUP (NATIONAL CUP) ENTRY FORM

ENTRY DEADLINE:

NATIONAL	**U12 - U13**	**NOVEMBER 17, 2003**
NATIONAL	**U14-U18**	**JANUARY 15, 2004**
NATIONAL	**U19**	**APRIL 15, 2004**

1. Complete this form. Please Print or Type. Circle Age of Cup entered. Be sure to circle **BOYS or GIRLS** AGE GROUP.
2. Signature at bottom signifies that you have read and will abide by all State Cup and CYSA-S rules.
3. Submit entry form, and **MONEY ORDER or CASHIER'S CHECK** payable to: **CYSA-South**
4. For the application to be complete, your team must supply at least one email address.

NO PERSONAL or CLUB CHECKS ACCEPTED

CYSA-South State Office
1029 S. Placentia Avenue
Fullerton, CA 92831

USYS CALIFORNIA-SOUTH YOUTH SOCCER CHAMPIONSHIP (National)

ENTRY FEE: $450.00 PLUS BOND: $300.00 = TOTAL: $750.00

	U-12	U-13	U-14	U-15	U-16	U-17	U-18	U-19
Boys ◯ /Girls ◯	◯	◯	◯	◯	◯	◯	◯	◯
Maximum DOB:	8/1/91	8/1/90	8/1/89	8/1/88	8/1/87	8/1/86	8/1/85	8/1/84

MAKE SURE YOU HAVE ENTERED THE CORRECT CUP. THIS FORM IS FOR THE *NATIONAL CUP*

TEAM DATA:

Team Name_____ Registered In:____|_____|_____|_____|
(As shown on USYSA card): (As shown on USYSA card):

Playing in:_____|_____
League Name (Division: Gold, Silver, AAA, AA etc.)

TEAM OFFICIALS: (Information will be sent to official #1)

CONTACT PERSON

1. Name_____ Phone (H) (_____)_____

   Address_____ (W) (_____)_____

   City_____ Zip_____ (Fax) (_____)_____

   E-mail_____ (Required)

2 Name_____ Phone (H) (_____)_____

   Address_____ (W) (_____)_____

   City_____ Zip_____ (Fax)(_____)_____

   E-mail_____ (Required)

Signature No. 1 or 2: _____

Office use: Date Rec: Amt Pd: Bond Pd:

By signing this application, you agree to adhere to all CYSA-South State Cup Rules and Regulations

MAKE A COPY FOR YOUR RECORDS AND MAIL ORIGINAL ALONG WITH PAYMENT TO ABOVE ADDRESS