



2010 USYS Colorado State Presidents Cup

ENTRY FORM

(PLEASE TYPE OR PRINT LEGIBLY)

GENDER: **GIRLS** **BOYS**

AGE GROUP: **U13** **U14** **U15** **U16** **U17**

CLUB OR ASSOCIATION _____

TEAM NAME AND NUMBER _____

LEAGUE DIVISION _____

COACH _____ PHONE (C) _____

PHONE (H) _____

ASST. COACH OR MGR. _____ PHONE (C) _____

PHONE (H) _____

EMAIL MAILING ADDRESS
FOR CUP INFORMATION: _____

(PLEASE TYPE OR PRINT LEGIBLY)

\$750.00 FEE MUST BE SUBMITTED TO CYS WITH THIS SIGNED FORM NO LATER THAN 6:00PM OF THE ESTABLISHED DUE DATE, FEBRUARY 26, 2010.

By signing this application my team agrees to attend in all Presidents Cup events for which it qualifies.

I have read, and will abide by the Colorado Presidents Cup and US Youth Soccer Presidents Cup rules, which will govern this competition.

Enclosed is check # _____

In the amount of \$ _____

Date

Signature of Team Official