



STATE CUP ENTRY FORM

COMPLETE AND RETURN TO YOUR LEAGUE
COMMISSIONER



LEAGUE NAME: _____

TEAM NAME: _____ DIVISION: _____

TEAM MANAGER: _____ SIGNATURE: _____

ADDRESS: _____

CITY: _____ ZIP: _____

HOME PHONE: _____ WORK PHONE: _____

FAX NUMBER: _____ EMAIL ADDRESS: _____

CELL PHONE: _____

ALTERNATE CONTACT #1: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

ALTERNATE CONTACT #2: _____

HOME PHONE: _____ WORK PHONE: _____

CELL PHONE: _____ EMAIL: _____

UNIFORMS:

PRIMARY SHIRT COLOR: _____ ALTERNATE: _____

SHORT COLOR: _____

SOCK COLOR: _____

FORM OF PAYMENT: _____ AMOUNT: _____

LEAGUE COMMISSIONER'S SIGNATURE: _____

**YOUR \$225 ENTRY FEE WILL BE FORFEITED IF YOU FAIL TO APPEAR FOR
YOUR GAMES AS SCHEDULED.**