

COED STATE CUP ENTRY FORM



Fill this out, have your League Commissioner sign, and then send it to tssascoed@gmail.com

Team Name: _____

Team Manager: _____

Team Manager Signature: _____

Cell Phone: _____

Email address: _____

Alternate Contact: _____

(Please provide a backup person and phone number in case you cannot be reached.)

Cell Phone: _____

Email address: _____

Your League: _____ Your Division: _____

Primary Shirt Color: _____

Short Color: _____

Sock Color: _____

Alternate Shirt Color: _____

Short Color: _____

Sock Color: _____

League Commissioner's Signature: _____ Date: _____