Illinois State Soccer Association

2001 S. Halsted Street, First Floor, Chicago, IL 60608 T: 312.226.7920 F: 312.226.0720 Email: soccerissa@aol.com

2009 State Cup Entry Form

Championship Teams + Runner Up's in each division (other than Men's Over 40) are required to travel to the Regional Tournament of Champions and represent Illinois State Soccer Assn.

Club: _____

League: _____

Division (*please circle one*): **Women's** **Men's** **MenO30** **MenO38**

Team Coach: _____

Tel (day): _____ Tel (eve): _____ Email: _____

Address: _____
Street City State Zip

Team Admin: _____

Tel (day): _____ Tel (eve): _____ Fax: _____ Email: _____

Address: _____
Street City State Zip

Home Uniform Color: Shirt _____ Shorts _____ Socks _____
Away Uniform Color: Shirt _____ Shorts _____ Socks _____

PLEASE NOTE:

All games will be played during weekdays – kick off will be set depending on daylight and/ or availability of floodlights. All decisions of the Cups Committee are final and binding.

I hereby certify that I am a lawful representative of this club, and that we agree to abide by all the rules of the State Cup Committee. Furthermore we agree to hold harmless the Illinois State Soccer Association and its representatives from any and all claims arising from any injury or liability during the course of competition and release a waive any and all rights which may be generated through our participation as well as to any compensation which the Illinois State Soccer Association may derive through the use or presentation of any competition in which we may participate, including broadcast and advertising fees., accrued from the presentation of any part of the competition.

Certified by: _____ Title: _____ Date: _____

APPLICATIONS DUE ON APRIL 15 AT ISSA 2001 S. Halsted, Chicago, IL 60608 - PLEASE INCLUDE $100 ENTRY FEE (checks made payable to ISSA). TEAMS WILL PAY 50% OF EACH FIELD AND REFEREE FEE FOR EVERY ROUND EXCEPT FINALS

ALL SCHEDULES, CUP DRAWS AND UPDATES WILL BE POSTED AT
WWW.ILLINOISSOCCER.ORG