



# 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.**