



**METRO DC VIRGINIA SOCCER ASSOCIATION**

**Men's State Cup Entry Form 2017**

TEAM NAME: \_\_\_\_\_

LEAGUE: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>UNIFORM COLORS</b>	<b>PRIMARY</b>	<b>JERSEY</b>		<b>SHORTS</b>		<b>SOCKS</b>	
	<b>ALTERNATE</b>	<b>JERSEY</b>		<b>SHORTS</b>		<b>SOCKS</b>	

**PRIMARY TEAM CONTACT**

Name :

Email

Primary Phone#:

Secondary Phone Number:

**ALTERNATE TEAM CONTACT**

Name :

Email :

Primary Phone#:

Secondary Phone Number:

**I have read and understand the MDCVSA State Cups Policies. I am entering the team named on this entry form with the full understanding that all games in these competitions will be governed by the MDCVSA Cup Policies, the Constitution and Rules of the USASA, the USSF, and The Laws of the Game as published by FIFA.**

Printed Name :

Signature:

Date:

Send Entry forms, via email to [mdevsa.info@gmail.com](mailto:mdevsa.info@gmail.com)

AND mail payment to:

MDCVSA, PO BOX 673, Locust Grove, VA 22508

**-----MDCVSA USE ONLY-----**

Date Entry Form Received \_\_\_\_\_