



2005 US YOUTH SOCCER

Ohio South State Cup Application

TEAM NAME _____ REQUESTED AGE _____ DIVISION OF PLAY _____ BOYS _____ GIRLS _____

COACH'S NAME _____ BIRTH DATE OF OLDEST PLAYER _____

ADDRESS/CITY/STATE/ZIP _____

EMAIL ADDRESS: _____

TELEPHONE NUMBER: HOME _____ WORK _____

ALTERNATE'S NAME: _____ (MUST BE DIFFERENT THAN COACH)

ALTERNATE'S TELEPHONE NUMBER: HOME _____ WORK _____

ALTERNATE'S EMAIL ADDRESS: _____

CLUB NAME: _____ LEAGUE: _____

IF THIS IS A PREMIER LEAGUE TEAM, IN WHAT DISTRICT DO THE MAJORITY OF YOUR PLAYERS RESIDE?

CHECK ONE: _____ I (CINCINNATI) _____ II (DAYTON) _____ III (COLUMBUS) _____ IV

2004 RECORD

LEAGUE PLAY:	WON	LOST	TIE	STANDING	DIVISION OF PLAY (A, B, C, ETC.)
SPRING, 2004	_____	_____	_____	_____	_____
FALL, 2004	_____	_____	_____	_____	_____



TOURNAMENTS:

_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____



2004 STATE CUP

THERE WILL BE NO COMPETITION FOR THE U-10 AGE GROUP, AND U-10 TEAMS WILL NOT BE PERMITTED TO PLAY UP IN AGE.

TEAM ENTRY FEES: U-11 THROUGH U-14: \$109.00 U-15 THROUGH U-19: \$145.00

APPLICATION FORM AND PAYMENT OF ENTRY FEE MUST BE RECEIVED IN THE STATE OFFICE

NO LATER THAN 5:00 PM, February 28th, 2005. IF PAYING BY CHECK, MAKE IT PAYABLE TO OSYSA-STATE CUP, AND MAIL IT TO: OSYSA STATE CUP, 25 WHITNEY DRIVE, SUITE 104, MILFORD, OHIO 45150. FAX: 513/576-1666
IF YOU WANT TO PAY BY CREDIT CARD, COMPLETE THE FOLLOWING:

NAME OF CREDIT CARD HOLDER _____

NAME OF CREDIT CARD (CHECK ONE) VISA MASTERCARD AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

CARDHOLDER SIGNATURE _____