



Illinois State Soccer Association

4036 N. Pulaski Road, Chicago, IL 60641 Tel: 773 283-2800 Fax: 773 283-2869 Email: soccerissa@aol.com

2006 State Cup Entry Form

Club:	_____			
League:	_____			
Division (please circle one):	Women's	Women's O30	Men's	Men's O30

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 THURSDAY APRIL 20, 2006 AT ISSA 4036 N. Pulaski Road, Chicago, IL 60641 - PLEASE INCLUDE \$75 ENTRY FEE (checks made payable to ISSA)

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