


Eastern New York State Amateur Soccer Association State Cups.

(Print or type all information)

Full Name Of Team: _____ Club Name: _____

League Affiliation: _____

State Affiliation: EASTERN NEW YORK STATE SOCCER ASSOCIATION



Cup Being Entered: _____ Entry Fee \$50.00 Please fill form for ea team entering cup

Check only one:

Manning Cup		Division 1 Teams
D'Arpino Cup		Reserve Teams ONLY
Flamhaft Cup		Division 2 and Division 3 Teams
Marth Cup		0-30 Teams ONLY
Pelini Cup		All Divisions Women
Amoroso Cup		0-40 Teams ONLY

Team Uniform Description:	Home set	Away set
Shirts	_____	_____
Shorts	_____	_____
Socks	_____	_____

Team Contact _____	e-mail _____
Address _____	
City _____	State _____ Zip Code _____
Home tel # _____	Work tel # _____ Fax _____
Team Coach _____	e-mail _____
Home tel # _____	Work tel # _____ Fax _____

Mail all forms and checks to ENYSSA at:
 2633 North Jerusalem Rd,
 East Meadow N.Y. 11554

e-mail newworld@aol.com

Tel. (516) 679-8672 Fax (516) 679-9457

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