



## State Cup Information

*Fill Out and Give to Your League Commissioner*

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

TEAM MANAGER: \_\_\_\_\_

Team Manager Signature: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

(Please provide a backup person and phone number in case you cannot be reached.)

HomePhone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Your League: \_\_\_\_\_

Your Division: \_\_\_\_\_

Primary Shirt Color: \_\_\_\_\_

Short Color: \_\_\_\_\_

Sock Color: \_\_\_\_\_

Alternate Shirt Color: \_\_\_\_\_

Short Color: \_\_\_\_\_

Sock Color: \_\_\_\_\_

League Commissioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_