



# 2018 THE DELAWARE CUP APPLICATION

Club \_\_\_\_\_

Team Name \_\_\_\_\_

Age Group: U12 U13 U14 U15 U16 U17 U18 U19 (Circle one)

Gender: Male Female (Circle one)

Fall League \_\_\_\_\_ Bracket \_\_\_\_\_

Spring League \_\_\_\_\_ Bracket \_\_\_\_\_

Did you participate in DE State Cup or President's Cup in 2017: Yes No (circle one)

Coach Name: \_\_\_\_\_

Coach email: \_\_\_\_\_

Coach Cell: \_\_\_\_\_

Manager Name: \_\_\_\_\_

Manager email: \_\_\_\_\_

Manager Cell: \_\_\_\_\_

1. I understand by entering my team (U12-U18) in the 2018 Delaware Cup that should my team place 1<sup>st</sup> in the age group that the team will participate in the East Region National Championship Series to be held in Fredericksburg, VA. Should my team (U12-U18) finish 2<sup>nd</sup> in the age group the team will participate in the East Region President's Cup to be held in Barboursville, WV.
2. I have read the rules for the tournament on the DYSA website.
3. Failure to participate in the events will result in fines as described on the DYSA website and the tournament rules.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**NO ELECTRONIC SIGNATURES WILL BE ACCEPTED**

Mail the application, a copy of your roster, registration fee and bond to: DYSA, 222 Benjamin Blvd., Bear, DE 19701 by March 15, 2018