



DELAWARE YOUTH SOCCER ASSOCIATION PRESIDENT’S CUP APPLICATION

Club Name _____ Team Name _____

Age Group _____ Gender _____

Coach Information

Coach Name _____

Address _____ City _____ State ____ Zip _____

Cell Number _____ Email Address _____

Manager Information/Primary Contact

Manager Name _____

Address _____ City _____ State ____ Zip _____

Cell Number _____ Email Address _____

Team Information

Did team participate in State event last year? _____

If so, what were the results? W ___ T ___ L ___

Did team participate in Regional event last year? _____

If so, what were the results? W ___ T ___ L ___

What league did team participate in for the 2016-2017 season? _____

All accepted teams must make themselves available for ALL Presidents Cup games. Game schedules will be determined by the number of teams that register in the respective age groups.

FINES: Teams must recognize that the Region 1 Presidents Cup Teams that withdraw from the regional or national event 30 days before the event will be fined \$1500. Teams that withdraw 5 days or less prior to the event will be fined \$3000.

Team Manager or Coach Signature

Date