EASTERN PENNSYLVANIA SOCCER ASSOCIATION
Cup Entry Form 2025-2026

Ck One	Cup Competition	Deadline by 5 PM	ENTRY FEE		*Ck One*	Cup Competition	Deadline by 5 PM	ENTRY FEE
	Frank Giancroce Open Cup	9/26/2025	$250			Norman S. Inazu Over 30 Cup	1/9/2026	$150
	Robert M. O'Neill Amateur Cup	9/26/2025	$150			Men's Over 40 Cup	1/19/2026	$150
						Men's Over-50 Cup	1/9/2026	$150
						Women's Regional Cup	1/9/2026	$150

1. Please PRINT or **TYPE** all information **legibly!** Illegible forms will be rejected.
2. **MONEY ORDERS OR CERTIFIED CHECKS ONLY payable to EASTERN PENNSYLVANIA SOCCER ASSOCIATION (EPSA**)
3. A team may enter more than one competition if it meets the criteria. Use one form per entry.
4. All decisions of the EPSA and the EPSA Cup Commissioner are final and binding.
5. **Any applicants not meeting all of the above criteria and deadlines will be disqualified.**
6. ***Due to practical constraints, each team is obligated to remunerate $62.50 per match to EPSA for field sites***

FULL NAME OF TEAM ENTERING:

STATE ASSOCIATION AFFILIATION: Eastern Pennsylvania Soccer Association (EPSA)

LEAGUE AFFILIATION:

PRIMARY UNIFORM COLOR:	Shirts		Shorts		Socks	
ALTERNATE UNIFORM COLOR:	Shirts		Shorts		Socks	

☐ By checking this box, I agree that I have read and understand the Constitution, By-laws and Rules of the EPSA, the USASA, the USSF, and The Laws of the Game as published by FIFA. I am entering the team named in this Entry Form with the full understanding that all games in these competitions will be governed by the EPSA, the USASA and the USSF. Applications will be denied if not accepted.

☐ By checking this box, I understand that matches may be scheduled on neutral turf and partially subsidized by the EPSA, and the possibility that matches will be "stacked". Applications will be denied if not accepted.

Home Field Address:

MUST SUBMIT FIELD USAGE PERMIT (unless field is owned) AND CERTIFICATE OF INSURANCE.

Team Manager: **Phone:**

Address:

City:

State and Zip: **E-Mail:**

Team Coach: **Phone:**

Address:

City:

State and Zip: **E-Mail:**

Printed Name of Applicant **Signature** **Date**

Return to: Eastern Pennsylvania Soccer Association
4070 Butler Pike, Suite 100, Plymouth Meeting, PA 19462
EMAIL: joanfeeney@epsasoccer.org
1 610 940 5755

Date Pd
Method
Amount