



WEST VIRGINIA SOCCER ASSOCIATION

CUP COMPETITION TEAM INFORMATION SHEET

CLUB/ TEAM NAME _____

AGE GROUP: UNDER _____ BOYS _____ GIRLS _____

TEAM CONTACT

NAME _____ While participating in the W.V.S.A Cup,

I will be lodging at the _____

PHONE NUMBER _____ CELL PHONE _____

SECONDARY CONTACT

NAME _____

I will be lodging at _____

PHONE NUMBER _____ CELL PHONE _____

Signature of Registering Team Person _____ Date _____

This form must be filled out and left with the Cup Committee at Registration.
The purpose of this form is to allow us to contact you and inform you of any changes.

W.V.S.A.
PO Box 3360
Beckley, WV 25801
(304) 252-9872 – (800) 894-9872 ex 302
(304) 252-9878 (FAX)

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