

ASA/USA SOFTBALL REGISTRATION FORM

MANAGER NAME* _____ LEAGUE/TEAM NAME _____ AGE/DIVISION _____

MAILING ADDRESS _____ CITY _____ ZIP _____

PHONE (H) _____ (W) _____ (FAX) _____ EMAIL ADDRESS _____

NAME Please PRINT	COMPLETE MAILING ADDRESS Please PRINT	CITY	ZIP Required	TITLE (P,M,C,A)	BIRTHDATE (Player only)	PHONE Required	INS. Deductible	SSN#
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								

EVERY PERSON STEPPING ON THE FIELD OF PLAY MUST BE ASA REGISTERED.

USE ADDITIONAL FORMS AS NECESSARY



- # 1 MANAGER (from top of form)
- # _____ COACHES / ASSISTANTS
- # _____ PLAYERS
- # _____ Upgrade to \$100 Deductible
- # _____ Upgrade to No Deductible

@ \$ _____ = _____

@ \$ _____ = _____

@ \$ _____ = _____

@ \$ _____ = _____

@ \$ _____ = _____

TOTAL \$ _____