

PRINT OR TYPE ONLY

YOUTH
ASA TEAM REGISTRATION

ZIP CODE MUST BE INCLUDED

TEAM NAME _____

CITY _____

TEAM NUMBER ISSUED _____

Girls Slow Pitch 15-16 _____ Boys Slow Pitch 15-16 _____

Girls Slow Pitch 13-14 _____ 16-18 _____ Boys Slow Pitch 13-14 _____ 16-18 _____

Girls Slow Pitch 10-12 _____ Boys Slow Pitch 10-12 _____

Girls Slow Pitch 10-under _____ Boys Slow Pitch 10-under _____

Girls Fast Pitch 15-16 _____ Boys Fast Pitch 15-16 _____

Girls Fast Pitch 13-14 _____ 16-18 _____ Boys Fast Pitch 13-14 _____ 16-18 _____

Girls Fast Pitch 10-12 _____ Boys Fast Pitch 10-12 _____

Girls Fast Pitch 10-under _____ Boys Fast Pitch 10-under _____

MANAGER'S NAME _____ PHONE NUMBER _____

STREET ADDRESS _____

CITY _____ ZIP CODE _____ E-MAIL ADDRESS _____

REGISTRATION FEE \$20.00 ENCLOSED

DISTRICT COMMISSIONER _____