

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 \$^{30.00}~~30.00~~ ENCLOSED

DISTRICT COMMISSIONER Martin Drain