AMATEUR SOFTBALL ASSOCIATION

(405) 424-5266 • Fax: (405) 424-3855 • www.asasoftball.com

THE NATIONAL GOVERNING BODY OF SOFTBALL

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Adult and Junior Olympic Team Registration Form

IMPORTANT: Use Team Code Instructions on Reverse Side to Determine and Mark Appropriate "Sex - Class - Division - Age" Code Numbers

	Local #	Team Name	Team Code				Team Manager's Name	Street Address/Box Number (please include apartment #)	City	State	Zip +4
			SEX	CLASS	DIV	AGE					
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											
13.											
14.											
15.											

League/Assoc _____

Contact _____

Address _____

City _____ , _____ Zip _____

Phone _____ - _____ - _____

E-Mail Address _____

OFFICIAL USE ONLY

State/Metro # _____ Area _____ Date _____

APPROVED BY: State/Metro Commissioner _____

Authorized Representative _____

PLEASE MAIL WHITE COPY TO ASA NATIONAL OFFICE

Revised 12/03