

USA Softball of Washington

20 Adult Team Registration Application

DIVISION: *Fastpitch* *Slowpitch* *Modified*

MENS *WOMENS* *CO-ED* *Seniors* *Masters*

*CLASSIFICATION: *Major* *'A'* *'B'* *'C'* *'D'* *'E'*

** If you are not sure of your classification, indicate that on this form for review by your Commissioner.*

AGE DIVISION *if needed:*

Masters: 35/o *40/o* *45/o* *Seniors: 50/o* *55/o* *60/o* *65/o* *70/o* *75/o*

A team shall register in the USA Softball of WA Association in which the majority of their players reside. Team application and registration fee shall be sent to your local Commissioner listed below.

TEAM NAME:

TEAM MANAGER:

ADDRESS:

CITY _____ WA ZIP: _____

PHONE; (H) _____ (Cell) _____

E-MAIL:

A team shall register in the USA SOFTBALL OF WA District in which the majority of their players reside. Team application and registration fee shall be sent to the State Commissioner. Send registration to the USA SOFTBALL OF WA State Office. Team registration is valid for one playing season only - Jan.1 thru Dec.31.

Teams shall be USA Softball registered with the USA SOFTBALL OF WA State Office prior to participating in USA Softball play.

USA SOFTBALL OF WA TEAM REGISTRATION FEE: \$ 37.00 Send this form to rhansen2@ix.netcom.com to be electronically invoiced.

Team Manager will receive the Official Rules of Softball and a scorebook.

USA SOFTBALL OF WA STATE OFFICE USE ONLY

FEE REC'D. \$ _____ CHECK NO.: _____ DATE: _____ APPROVED; _____ DISAPPROVED: _____

DISTRIBUTION: TEAM MANAGERS COPY: _____ DISTRICT FILE COPY: _____ STATE _____

*Rick Hansen, State Commissioner * USA Softball of Washington Office * PO. BOX 2188 * Vancouver, WA. 98668 **

**PH. 360-609-4381 **

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