

Amateur Softball Association of America Official Tournament Entry Form

www.asasoftball.com



Instructions:

This form must be filled out by the ASA Commissioner (or his/her designee) before the team listed below is allowed to compete in any of the following tournaments (circle type of event):

Regional Area National/Sector Qualifier National Tournament National Championship Finals

The team listed below is currently registered and in good standing with its local ASA Association. This team has qualified to compete in the division and classification of play listed below:

_____ Signed: _____
Association Team is Registered with _____ Association Commissioner and Contact Phone Number _____

Please fill out completely and accurately

Youth					
Girls	<input type="checkbox"/>	Gold	<input type="checkbox"/>	Fast	<input type="checkbox"/>
Boys	<input type="checkbox"/>	"A"	<input type="checkbox"/>	Slow	<input type="checkbox"/>
		"B"	<input type="checkbox"/>		
18-U	<input type="checkbox"/>	14-U	<input type="checkbox"/>	10-U	<input type="checkbox"/>
16-U	<input type="checkbox"/>	12-U	<input type="checkbox"/>		

Adult					
Men	<input type="checkbox"/>	Slow	<input type="checkbox"/>	Major	<input type="checkbox"/>
Women	<input type="checkbox"/>	Fast	<input type="checkbox"/>	"A"	<input type="checkbox"/>
Coed	<input type="checkbox"/>	Mod. 9'	<input type="checkbox"/>	"B"	<input type="checkbox"/>
		Mod. 10'	<input type="checkbox"/>	"C"	<input type="checkbox"/>
		Ind.	<input type="checkbox"/>	"D"	<input type="checkbox"/>
		16'	<input type="checkbox"/>	Other	_____
				35-Over	<input type="checkbox"/>
				40-Over	<input type="checkbox"/>
				45-Over	<input type="checkbox"/>
				50-75 Over	<input type="checkbox"/>

Team Information (Print or Type)

Team Name: _____

Manager: _____

Address: _____

City/State/Zip: _____

Home Phone: () _____ Work Phone: () _____

Fax Number: () _____ Cell Phone: () _____

Email: _____ Pager: () _____

This portion of the form shall only be used when the team listed above has qualified for a National Tournament or the National Championship Finals. This form is to be completed by either the tournament director of the qualifying tournament, or the local ASA Commissioner if the team has qualified via one of the following:

- 1) Registration Berth 2) Returning Team 3) Host Team

The above team has qualified for a national Tournament or the National Championship Finals from:

(Please check one)

State/Metro Regional National/Sector Qlfr. Registration Berth Returning Host Team

The above team has qualified to compete in the:

_____ National Tournament or Championship Finals

_____ Signature of Qualifying Tournament Director or Local ASA Commissioner

Forward top copy of this form and the official ASA Championship Roster and affidavits to the National Tournament or National Championship Finals Tournament Director.

Triplicate: White to National Championship Finals Tournament Director - Yellow Copy to Home ASA State/Metro - Pink Copy to team