

Amateur Softball Association of America
Official Tournament Entry Form

www.asasoftball.com



THE NATIONAL GOVERNING BODY
OF SOFTBALL

(SAMPLE COPY)

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:

Kansas City Metro Region 12 Signed: Mary Mahoney 913-338-2256
Association Team is Registered with Association Commissioner and Contact Phone Number

Please fill out completely and accurately

Youth							
Girls	<input checked="" type="checkbox"/>	"A"	<input type="checkbox"/>	10-U	<input type="checkbox"/>	16U	<input type="checkbox"/>
Fast	<input checked="" type="checkbox"/>	"B"	<input type="checkbox"/>	12-U	<input type="checkbox"/>	18U	<input type="checkbox"/>
Slow	<input type="checkbox"/>	"GOLD"	<input type="checkbox"/>	14-U	<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 a copy of this form and the official ASA Championship Roster and affidavits
to the National Tournament or National Championship Finals Tournament Director**