Wayne L. Myers, State Commissioner

3300 S. 5th St. • Terre Haute, IN 47802-4010
Telephone: 812-234-0339 · Fax: 812-234-6369
Email: inasacomm@aol.com

Web sites: www.indiana-asa.org (Adult)
www.indiana-asa-jo.com (Junior Olympic)
www.inasablue.org (Umpire)

Official Adult State Tournament Entry Form

Complete the information below. Have this form signed by your ASA District Commissioner (*whoever registered your team with Indiana ASA*). Mail this entry form, along with your entry fee (money order or certified check), to the Tournament Director so it **is in his/her hands at least** ten (10) days prior to the scheduled start of the tournament. Then, you may turn in your "ASA Official Waiver & Release of Liability & Indemnification – National Championship Roster Form" to the Tournament Director before your first game.

Please note: On the "ASA Official Waiver & Release of Liability & Indemnification – National Championship Roster Form"

- ✓ Be sure to have your ASA District Commissioner sign this form or you will be required to submit an additional $20 team registration fee at the tournament site.
- ✓ Players printed names and addresses should be on the roster when submitted, however players should not sign, initial or date the roster until they show proper picture identification at the tournament site.

Please circle one:	Please circle one:	Please circle your classification:	Please circle your age: *(if applicable)*
Men Women Coed Industrial Church	Fast Pitch Slow Pitch	Class A Class B Class C Class D Class E Open (A/B/C) Novice (D/E)	Seniors 50-Over Masters 45-Over Masters 40-Over Masters 35-Over

Tournament Site: _____ Tournament Dates: _____

Team Name: _____

Manager's Name: _____

Mailing Address: _____
House number & street *City, State and Zip Code*

THE NATIONAL GOVERNING BODY OF SOFTBALL

Home Telephone: _____ Work Telephone: _____
Including area code *including area code*

Mobile Phone: _____ Email Address: _____
Including area code

Manager's Signature: _____ Date: _____

ASA District Commissioner's Signature: _____ Date: _____

Date Received: _____ Received by: _____