



AMATEUR SOFTBALL ASSOCIATION

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

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

	Loc #	Team Name	SEX	CLASS	DIV	AGE	Team Manager's Name	Street Address / Box Number <small>(Please include apartment number)</small>	City	State	Zip + 4
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											

OFFICIAL USE ONLY

1	0	1	2	0
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State/Metro #

Area _____ Date _____

APPROVED BY: State/Metro Commissioner _____

Authorized Representative _____