



**Coaches Information**

**Check One**

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone</u>	<u>Insurance Deductible</u>	
			( ) - -	\$0	\$250
			( ) - -	\$0	\$250
			( ) - -	\$0	\$250
			( ) - -	\$0	\$250

<b>2009 Registration Fees</b>	<b>Fee</b>	<b>Total</b>
Players/\$0 Deductible	<b>\$13.00</b>	\$
Players/\$250 Deductible	<b>\$8.00</b>	\$

Coach/\$0 Deductible	<b>\$17.00</b>	\$
Coach/\$250 Deductible	<b>\$12.00</b>	\$
Shipping		\$
<b>All Coaches will receive an ASA Rule Book.</b>	<b>Total</b>	<b>\$</b>

If you want to have an additional insured included in your insurance coverage, please provide the name, address, city, state and zip code of the additional insured on a separate sheet of paper.

Visa or Master Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on Credit Card \_\_\_\_\_

Team materials should be sent to:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail Address (\*required) (please write legibly)

\_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Please make checks payable to "Iowa ASA" to:

Iowa ASA  
1534 Penrose Street, Grinnell, IA 50112

<p><b>OFFICE USE:</b>                  Check or Money Order # _____                  Date Received _____</p>
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**FINISH AND SEND:**

**STEP 1: SAVE (SAVE AS)** this report to your computer with an identifying name.

(example: jane-doe-asaregistration)

**STEP 2: ATTACH YOUR SAVED FILE TO AN E-MAIL TO CATHY SHUTTS AND SEND TO [CSHUTTS@PCPARTNER.NET](mailto:CSHUTTS@PCPARTNER.NET)** Or FAX to (641) 236-6779 Questions? Call: 641-236-5766