2006 Iowa Amateur Softball Association Individual Registration Form

Team Name _____

Circle or underli	ne Classification: 8 und	ler 10 under	12 under	14 under 16 un	der 18 under
Name	Address	<u>s</u>	City,	State, Zip	Date of Birth
Coaches Information				Daytima Dhana	Evaning Dhana
Name	Address	Lity, Si	ate, Zip	Daytime Phone	Evening Phone

Additional forms may be copied for additional players or coaches

Check or Money Order (office use) # _____

Date Rec. (office use) _____

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2006 Registration Fees:	\$250 Deductible	\$0 Deductible
All Age Groups	\$8.00	\$11.00

All Manager's and Coaches pay a registration fee of \$15.00

If you want to have an additional insured included address, city, state and zip code of the additional i	•		0 /			rovid	le the	nan	ne,		
Visa or Master Card #			Expiration Date								
Name as it appears on Credit Card											
Team materials should be sent to:											
Name											
Address											
City	State		Zip	Co	de _					_	
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											

E-Mail or FAX (credit card payments) with all completed registration form to: cshutts@pcpartner.net or FAX 641-236-6779

For questions call: 641-236-5766