



METRO ST. LOUIS AMATEUR SOFTBALL ASSOCIATION

2010 Adult Summer Slow Pitch Softball Season –

Office Phone: 314-429-7577 Email: stlasa01@sbcglobal.net



The Amateur Softball Association is forming leagues for the 2010 Summer Slow Pitch City Softball Season. Preference will be given to teams who played in the 2007 ASA Leagues if we receive a payment in full by March 5, 2010. The entire League Fee must be received by the deadline or your team will be dropped from the league and any prior deposits received will be non-refundable. NO EXCEPTIONS! Entry Deadline: April 03, 2009

MEN’S LEAGUES(C) Competitive (R) Recreational (DH) Double Header League

Table with 11 columns: Game Day, Class, # Games, Park, Field, League #, Game Times, # of Teams, Lights, Lg. Fee, Note. Rows include Monday, Tuesday, Thursday, and Thursday with various classes and fees.

COED LEAGUES

Table with 11 columns: Game Day, Class, # Games, Park, Field, League #, Game Times, # of Teams, Lights, Lg. Fee, Notes. Rows include Tuesday, Wednesday, Thursday, and Friday with various classes and fees.

RAIN OUT INFORMATION: Fields checked at 3:00 P.M. - Recording updated at 4:00 P.M. each day – 314-995-0085 (Option #1 -- Slow Pitch information)

RAIN OUT MAKE UP GAMES: Every attempt will be made to reschedule make up games on your regularly scheduled day of play, however, it may become necessary to reschedule games on other nights, on other fields and/or on weekends. The Team Manager is responsible to check the website periodically for any schedule updates. All Rescheduled game information will be given via the internet. If you see any discrepancies or conflicts with your schedule, notify our office immediately. THERE WILL BE NO REFUNDS.

LEAGUE begins the week of April 19-23, 2010. Teams should pick up their schedules & balls at our office April 13-17, 2009 between 9:00 a.m. – 2:00 p.m.).

Home team is required to provide one new and one used ball. (Balls are included in the entry fee – Men/Coed-12”)

Home team shall also furnish bases. All games will be played under ASA Rules (Exception: Batter will start with a 1 & 1 count).

Note: In order to keep standings current, Coach of the winning team must call in the game scores that evening or the following morning 314-429-7577.

ROSTERS: 20 Player Limit – Must be in ASA office by 5/07/10. Roster must be in ASA office to be eligible for playoffs and awards.

APPROVED BATS: Team Manager is responsible to check our website for the current list of banned bats: www.softball.org/stlouis

SCHEDULES & LEAGUE STANDINGS: Will be posted on our web site: www.softball.org/stlouis

SUMMER LEAGUE AWARDS: 1st Place Teams Trophy

Per St. Louis City Ordinance #49771 – NO GLASS BOTTLES ALLOWED - Teams that bring glass bottles to their game will forfeit those games. Team Managers are responsible for making sure that all trash and debris is deposited into appropriate receptacles.

METRO ASA / ST. LOUIS SOFTBALL LEAGUE CITY PLAYOFFS

Metro St. Louis ASA and St. Louis Softball League will join together for an end of the season Playoff Championship!

August 9, 2010 (Tentative)
Fields to be determined
Championship Playoffs: 1st and 2nd place teams and ties for 2nd.

A \$25.00 cash deposit is required \$*

More information about the playoffs will be included in your ASA League team packet and will be posted on our website: www.softball.org/stlouis

Click here for 2010 League Application Form

Instructions for completing the Application Form online:

If you have Adobe “Reader” you will not be able to save any changes you make but you can complete the form online then print a copy for mailing or faxing.

Mail to: Metro St. Louis ASA
9464 Page Avenue
St. Louis, MO 63111

Fax to: 314-429-1705

If you have Adobe “Acrobat” you can complete the form online and save the document for emailing to: stlasa01@sbcglobal.net



METRO ST. LOUIS ASA
9464 Page Avenue
St. Louis, MO 63132
Office Phone: 314-429-7577 Fax: 314-429-1705
Email: stlasa01@sbcglobal.net



2009 ADULT SUMMER SLOW-PITCH LEAGUE APPLICATION

ENTRY DEADLINE: April 3, 2009

League Fees must be paid in full by deadline!

TEAM INFORMATION

TEAM NAME: _____

*** PLEASE PRINT OR TYPE ***

MANAGER'S NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____

WORK. PHONE: _____ EXT: _____

CELL PHONE: _____

EMAIL: _____

PLEASE INCLUDE AND EMAIL ADDRESS SINCE THIS IS HOW RAINOUTS ARE RESCHEDULED AND SENT OUT

LEAGUE PREFERENCE

1ST CHOICE NIGHT _____ PARK _____ LEAGUE # _____

2nd CHOICE NIGHT _____ PARK _____ LEAGUE # _____

Check One: MEN'S COED

Check One: RECREATIONAL COMPETITIVE

PAYMENT INFORMATION

LEAGUE FEE: \$ _____ AMOUNT ENCLOSED: \$ _____ BALANCE: \$ _____

TYPE OF PAYMENT: CASH CHECK # _____ (Payable to: METRO ST. LOUIS ASA)
 VISA MASTER CARD Acct # _____

Exp. Date: _____

MANAGER SIGNATURE: _____

Office Use Only:

Date application rec'd: _____ Rec'd by: _____ Data entry complete: _____

Comments: _____