



WISCONSIN AMATEUR SOFTBALL ASSOCIATION, INC.
Individual Registration Form



Team Name: _____

Classification: _____

Date: _____

(ex: Girl's Class A 18 & Under Fast Pitch)

PLEASE PRINT

	Player	Address	City	State	Zip	DOB	Phone
1							
2							
3							
4							
5							
6							
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15							
16							
17							
18							
19							
20							

Manager: _____

Phone : _____

Address: _____

E-Mail: _____

Check #: _____

City, State, Zip: _____

Amount Paid: _____

(Registration fee for 2009 is \$7.00 per player and coach. [Make check payable to ASA.] The fee includes the individual medical and liability insurance with a \$250 deductible. This completed form also includes a team registration and a JO team packet that will be provided to the team manager at no additional charge.) Each team must have at least one coach ACE certified. This coach's individual registration will be included in the ACE certification. Please specify which coach will be ACE certified.

Send check and roster to: Dale Ferron, 4801 Marsh Road, Madison, WI 53718