Iowa Amateur Softball Association
2006 Team Registration Form

Team Name: _____

Manager's Name: _____

Mailing Address: _____

City, State, and Zip Code: _____

County Name/Number: _____

Email Address (required) *(please write legibly)*

Daytime Phone (include area code): (_____)_____

Evening Phone (include area code): (_____)_____

Please Circle or show only the appropriate Registration Information:

Men's 12" Slow Pitch	Women's Slow Pitch	Co-Ed Slow Pitch
Men's Masters 35-Over Slow Pitch	Men's Masters 40-Over Slow Pitch	14/16" Slow Pitch
Men's Fast Pitch	Women's Fast Pitch	
Men's Masters 40 & Over Fast Pitch	Men's Modified Fast Pitch	

Junior Olympic Fast Pitch: *(please note that all Junior Olympic Teams that play in State Tournaments must use the Individual Registration Form – see Individual Registration Form)*

Girls Boys

8 –Under 10-Under 12-Under 14-Under 16-Under 18-Under

Registration Fees (must be returned with registration form)
Send Checks and Registration information to: Iowa ASA, 1534 Penrose St., Grinnell, IA 50112
Or E-Mail Credit Card Registrations to cshutts@pcpartner.net or FAX to 641.236.6779

Team Registration Fee	**$26.00**
Shipping/Handling Fees	**$5.00**
Total Enclosed	**$31.00**

Master Card or VISA Credit Card # _____

Expiration date _____ **Name as it appears on Credit Card** _____

For District Commissioner Use Only:

District Commissioner Registration _____
District Commissioner Name

Office Use Only:
Date Received: _____

Check #: _____

Materials Shipped Date: _____