Amateur Softball Association of America Official Tournament Entry Form www.asasoftball.com



	Instr	uctions:	
This form must be filled out by the allowed to compete in any of the		er (or his/her designee) before the team nts (circle type of event):	n listed below is
•	al/Territory/HOF	National Championship Finals	
	Please fill out com	pletely and accurately	
	1 10400 1111 041 00111		
YOUTH Girls ☐ Fast ☐ Gold	d 🗌 18-U 🔲	Men ☐ Slow ☐ Major	☐ 35-Over ☐
Boys Slow "A"	☐ 16-U ☐	Women ☐ Fast ☐ "A"	☐ 40-Over ☐
"B"	14-U	Coed	45-Over
ACE Coach	12-U 🔲	Mod. 10' ☐ "C" Ind. ☐ "D"	50-75 Over
ASA Insurance Team or Individual	10-U 🔲	16' Other_	<u> </u>
or marvidual			
Team Information (Print or Type)			
Team Name:			
Manager:			
Address:			
City/State/Zip:			
Home Phone: ()	Work Phone: () Cell Phone: ()
Fax Number: ()	Email:		
The team listed above is current has qualified to compete in the o		ood standing with its local ASA Assoc ation of play listed above:	iation. This team
	Signed:		
Association Team is Registered	with Association Co	ommissioner & Contact Phone Number	Date
or the National Championship Fi	inals. This form is to b	eam listed above has qualified for a Nati be completed by either the tournament or if the team has qualified via one of th am 3) Host Team	t director of the
The above team has qualified (Please check one)	l for a national Tour	rnament or the National Champions	ship Finals from:
State/Metro Regional Nati	ional/Territory/HOF Qlfr.	. Registration Berth Returning	☐ Host Team ☐
The above team has qualified	d to compete in the	:	
National Tournament or Champions		nature of Qualifying Tournament Director or al ASA Commissioner	Date
1		npionship Roster and affidavits to the Nati	onal Tournament