



WISCONSIN AMATEUR SOFTBALL ASSOCIATION, INC.
Individual Registration Form 2016



Team Name: _____
 Classification: _____ Date: _____
 (ex: Girl's Class A 18 & Under Fast Pitch)

PLEASE PRINT

	Player	Address	City	State	Zip	DOB	Phone
1							N/A
2							N/A
3							N/A
4							N/A
5							N/A
6							N/A
7							N/A
8							N/A
9							N/A
10							N/A
11							N/A
12							N/A
13							N/A
14							N/A
15							N/A
16							N/A
17							N/A
18							N/A
19							N/A
20							N/A

Manager: _____
 Address: _____

 City, State, Zip: _____

Phone : _____
 E-Mail: _____
 Check #: _____
 Amount Paid: _____

(Registration fee for 2016 is \$12.00 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 coach. All other coaches must have a current year background check. ACE and background check can be completed on line at registerasa.com.

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