

MIDLAND SOFTBALL ASSOCIATION TEAM REGISTRATION

NEW TEAMS Competitive Recreational

Team Name _____ (please print) Former Team Name _____

Night Last Year _____ Night Preferred _____

League Last Year _____ League Preferred _____

Manager's Name _____ E-mail Address _____

Address _____ City _____ Zip _____

Primary Phone _____ Secondary Phone _____

Assistant Manager's Name _____ E-mail Address _____

Primary Phone _____

Other Information _____

FOR OFFICE USE ONLY

Date Paid _____ By _____

Ck # _____ Cash CC Deposit

Sponsor/Team Fee _____ Player Fee _____

State Reg. Fee _____ League Tourn Fee _____

State Districts _____ TOTAL \$ _____

- | | |
|--|---|
| <input type="checkbox"/> Men's Fastpitch | <input type="checkbox"/> Women's Modified |
| <input type="checkbox"/> Men's Slow Pitch | <input type="checkbox"/> Women's Slow Pitch |
| <input type="checkbox"/> Men's Slow Pitch Church | <input type="checkbox"/> Coed |
| <input type="checkbox"/> Men's 9-Man Modified | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Men's 10-Man Modified | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Grand Masters Silver | <input type="checkbox"/> Fall Coed |
| <input type="checkbox"/> Grand Masters Gold | |