



THE NATIONAL GOVERNING BODY
OF SOFTBALL

2007 10A Western National Championship Team Registration Form



Team Name: _____ *

Coach's Name: _____ *

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: H _____ B _____ Cell _____ *

Fax: _____ Email: _____ *

* Required Information to register a team

Your preferred phone contact phone number: _____

Backup Contact Information:

Name: _____ *

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Numbers: H _____ B _____ Cell _____ *

Fax: _____ Email: _____

(Receipt of registration fee and entry form is guarantee of a spot in the 2007 tournament)

Entry Fee Is: \$375.00 Make check out to: Oregon ASA Softball
(4GG - Pool Play Plu - Double Elimination)

(Information Packets will be mailed upon receipt of entry form and entry fee.)

Mail To: Perk Carter
2615 Columbia Blvd.
Saint Helens, OR 97051

Fax: (503) 366-9525
Phone: (503) 329-6810
E-Mail: perkcarter@msn.com

Thank You!