

# Amateur Softball Association of America Official Tournament Entry Form

www.asasoftball.com



### Instructions:

This form must be filled out by the ASA Commissioner (or his/her designee) before the team listed below is allowed to compete in any of the following tournaments (circle type of event):

Regional    Area    National/Sector Qualifier    National Tournament    National Championship Finals

The team listed below is currently registered and in good standing with its local ASA Association. This team has qualified to compete in the division and classification of play listed below:

Association Team is Registered with \_\_\_\_\_ Signed: \_\_\_\_\_  
Association Commissioner and Contact Phone Number \_\_\_\_\_

### Please fill out completely and accurately

Youth					
Girls	<input type="checkbox"/>	Gold	<input type="checkbox"/>	Fast	<input type="checkbox"/>
Boys	<input type="checkbox"/>	"A"	<input type="checkbox"/>	Slow	<input type="checkbox"/>
		"B"	<input type="checkbox"/>		
18-U	<input type="checkbox"/>	14-U	<input type="checkbox"/>	10-U	<input type="checkbox"/>
16-U	<input type="checkbox"/>	12-U	<input type="checkbox"/>		

Adult					
Men	<input type="checkbox"/>	Slow	<input type="checkbox"/>	Major	<input type="checkbox"/>
Women	<input type="checkbox"/>	Fast	<input type="checkbox"/>	"A"	<input type="checkbox"/>
Coed	<input type="checkbox"/>	Mod. 9'	<input type="checkbox"/>	"B"	<input type="checkbox"/>
		Mod. 10'	<input type="checkbox"/>	"C"	<input type="checkbox"/>
		Ind.	<input type="checkbox"/>	"D"	<input type="checkbox"/>
		16'	<input type="checkbox"/>	Other	_____
				35-Over	<input type="checkbox"/>
				40-Over	<input type="checkbox"/>
				45-Over	<input type="checkbox"/>
				50-75 Over	<input type="checkbox"/>

### Team Information (Print or Type)

Team Name: \_\_\_\_\_

Manager: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Work Phone: (    ) \_\_\_\_\_

Fax Number: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_ Pager: (    ) \_\_\_\_\_

This portion of the form shall only be used when the team listed above has qualified for a National Tournament or the National Championship Finals. This form is to be completed by either the tournament director of the qualifying tournament, or the local ASA Commissioner if the team has qualified via one of the following:

- 1) Registration Berth      2) Returning Team      3) Host Team

**The above team has qualified for a national Tournament or the National Championship Finals from:**  
(Please check one)

State/Metro     Regional     National/Sector Qlfr.     Registration Berth     Returning     Host Team

**The above team has qualified to compete in the:**

\_\_\_\_\_  
National Tournament or Championship Finals

\_\_\_\_\_  
Signature of Qualifying Tournament Director or  
Local ASA Commissioner

Forward top copy of this form and the official ASA Championship Roster and affidavits to the National Tournament or National Championship Finals Tournament Director.

Triplicate: White to National Championship Finals Tournament Director - Yellow Copy to Home ASA State/Metro - Pink Copy to team