

2010 SEASON

REGISTRATION FORM

WASHINGTON COUNTY ASA SOFTBALL

TEAM NAME _____

COACH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (H) _____ (W) _____ (C) _____

EMAIL _____

CLASSIFICATION _____ AGE LEVEL _____
(A,B,C) (10,12,14,16,18)

LEAGUE PLAY? (YES) _____ (NO) _____

(IF YES TO LEAGUE PLAY PLEASE FILL OUT INFORMATION BELOW)

TEAM'S HOME FIELD _____

CONTACT PERSON _____

PHONE NUMBER _____

**PLEASE COMPLETE AND RETURN THIS REGISTRATION WITH
\$25.00 FEE TO:**

**WASHINGTON COUNTY GIRLS SOFTBALL
C/O FAY ALLISON
1080 NE KATHRYN STREET
HILLSBORO, OR 97124**