

Coaches Information

Check One

<u>Name</u>	<u>Address</u>	<u>City, State, Zip</u>	<u>Phone</u>	<u>Insurance Deductible</u>	
			() - -	\$0	\$250
			() - -	\$0	\$250
			() - -	\$0	\$250
			() - -	\$0	\$250

2010 Registration Fees	Fee	Total
Players/\$0 Deductible	\$16.00	\$
Players/\$250 Deductible	\$9.00	\$

Coach/\$0 Deductible	\$20.00	\$
Coach/\$250 Deductible	\$13.00	\$
Shipping		\$
All Coaches will receive an ASA Rule Book.	Total	\$

If you want to have an additional insured included in your insurance coverage, please provide the name, address, city, state and zip code of the additional insured on a separate sheet of paper.

Visa or Master Card # _____ Expiration Date _____

Name as it appears on Credit Card _____ Sec. Code _____

Team materials should be sent to:

Name _____

Address _____

City _____ State _____ Zip Code _____

E-mail Address (*required) (please write legibly)

Home Phone () _____ Work Phone () _____

Please make checks payable to "Iowa ASA" to:

Iowa ASA
1534 Penrose Street, Grinnell, IA 50112

<p>OFFICE USE: Check or Money Order # _____ Date Received _____</p>
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FINISH AND SEND:

STEP 1: SAVE (SAVE AS) this report to your computer with an identifying name.
(example: jane-doe-asaregistration)

STEP 2: ATTACH YOUR SAVED FILE TO AN E-MAIL TO CATHY SHUTTS AND SEND TO
CSHUTTS@PCPARTNER.NET Or FAX to (641) 236-6779 Questions? Call: 641-236-5766