



**2017 USA Softball of Iowa Adult Team Registration Form**

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

Manager's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*Email Address (REQUIRED) \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Alternative Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Please Check One of the appropriate Registration Divisions of Play:**

Men's 12" Slow Pitch       Women's Slow Pitch       Co-Ed Slow Pitch

Men's Masters 35/40-Over Slow Pitch       Men's Senior 50-Over Slow Pitch

14/16" Slow Pitch       Men's Fast Pitch       Women's Fast Pitch

Team Registration Fee                      \$30.00  
Shipping/Handling Fees                    \$8.00  
Total Enclosed                                \$38.00

<b>Office Use Only:</b> Date Received: _____  Check #: _____  Materials Shipped Date: _____
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**SAVE THIS FILE TO YOUR COMPUTER WITH AN IDENTIFYING NAME. Example: 2017myteamname12U**

**EMAIL AND ATTACH THIS FORM TO TOM TOPPING - USA SOFTBALL-IOWA [t.topping@mchsi.com](mailto:t.topping@mchsi.com)**

**MAKE CHECKS PAYABLE TO AND SEND TO: IOWA ASA, 1126 JENSEN ST., IOWA CITY, IA 52246**

**IF YOU ARE PAYING WITH CREDIT CARD - CHECK THIS BOX AND CLICK ON THE PayPal BUTTON**

<input type="checkbox"/>	
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PLEASE REMEMBER TO EMAIL REGISTRATION AFTER MAKING THE ONLINE PAYMENT  
QUESTIONS? PLEASE CALL 319-330-7030