



2017 USA Softball of Iowa Youth 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:

Youth Fast Pitch Insurance: *(please note that all Youth Fast Pitch Teams that play in State Tournaments must use the Individual Registration/Insurance Form – see Individual Registration Form) Insurance is not available with a Team Registration unless the local tournament director has purchased tournament insurance for all participating teams.*

Girls Boys

8-Under 10-Under 12-Under 14-Under 16-Under 18-Under

Team Registration Fee	\$35.00
Shipping/Handling Fees	\$8.00
Total Enclosed	\$43.00

Office Use Only: 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: USA SOFTBALL-IOWA 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**