



METRO SAINT LOUIS ASA

AMATEUR SOFTBALL ASSOCIATION

9464 Page Avenue

St. Louis, Missouri 63132

(314) 429-7577 · FAX (314) 429-1705

<http://www.softball.org/stlouis>



Mel Pinkley
Commissioner

2009 TEAM REGISTRATION

(Please Print)

TEAM NAME: _____ DATE: _____

LEVEL (Check one):	CHAMPIONSHIP			NON-CHAMPIONSHIP			
CLASS (Check one):	GOLD	A	B	C	MAJOR	MASTERS	SENIORS
DIVISION (Check one):	FAST PITCH		SLOW PITCH		INDUSTRIAL	CHURCH	
SEX (Check one):	GIRLS		BOYS				
	MEN		WOMEN		COED		
AGE (Check one)	10/U	12/U	14/U	16/U	18/U		
	23/U	35/O	40/O	45/O	50/O	55/O	65/O 75/O

TEAM MANAGER: _____

ADDRESS: _____

CITY / STATE / ZIP: _____

(H) PHONE: _____

(W) PHONE: _____

FAX: _____

EMAIL _____

Application must be completed in full and returned to the Metro St. Louis ASA along with registration fee for the registration to be valid. **Deadline for Team Registration June 15, 2009.** Registrations received after the deadline will result in the teams' ineligibility to compete in the St. Louis Metro's or any Championship Tournaments.

2009 REGISTRATION FEES:

Adult Team	\$20.00/per team
Youth (under 19)	\$50.00/per team Class A & Class B Championship Play
Youth (under 19)	\$00.00/per team Class A, B, C Non-Championship Play

MANAGERS SIGNATURE: _____ AMOUNT ENCLOSED: _____

Office Use Only:

Date received registration fee: _____ Check # _____ Date received completed team packet: _____

The Governing Body of Amateur Softball in the United States of America

