

ASA|USA SOFTBALL & KANSAS ASA, INC. JUNIOR OLYMPIC INDIVIDUAL REGISTRATION FORM

Includes \$2,000,000 General Liability & \$250,000 Accident Medical Plan

Registration Fees Per Individual (Manager, Coaches, & Players)

\$250.00 Deductible Medical Plan Fee: \$5.50	\$100.00 Deductible Medical Plan Fee: \$7.50	\$00.00 Deductible Medical Plan Fee: \$8.50
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Team Information:

Circle One: Girls Boys
Circle One: Fast Pitch Slow Pitch Coach Pitch
Age Group, Circle One: 18-Under 16-Under 14-Under 12-Under 10-Under 8-Under
Class, Circle One: Gold A B C

Print or Type

Manager's Name: _____ Team Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #, Res: _____ Bus: _____ Fax: _____ e-mail: _____ Cell: _____

Manager's Signature: _____ Date: _____

Manager's Registration Fee: \$ _____

Coaches Information:

First Name	Last Name	Address	City	State	Zip	Registration Fee
						\$
						\$
						\$
						\$

Mail Fee and Form to your local Kansas ASA Commissioner.

