



KANSAS AMATEUR SOFTBALL ASSOCIATION



TOURNAMENT ENTRY FORM

TOURNAMENT NAME

TOURNAMENT DATES

KASA Region 1 Championships

June 18-20, 2010

**My Team's Information:**

DIVISION OF PLAY	AGE GROUP	CLASS
<b>Girls' Coach &amp; Fast Pitch</b>	Check One: 8uCP-[ ] 10uFP-[ ]	C

TEAM NAME: \_\_\_\_\_

TEAM ACCOUNT #: \_\_\_\_\_

MANAGER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

Phone # Bus: \_\_\_\_\_ Res: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Local Commissioner: \_\_\_\_\_

Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Date

The above completed Entry Form and Entry Fee must be received at the address below on or before the published entry deadline. Do NOT mail your Championship Roster and Proof of Age to the State Office or Tournament Director. You must hand-carry those documents to your Tournament Check-in.

Mail To: Jason Cobb  
915 SW Macvicar Ave.  
Topeka KS 66606

Make checks payable to: DGSA