



KANSAS AMATEUR SOFTBALL ASSOCIATION



TOURNAMENT ENTRY FORM

TOURNAMENT NAME

TOURNAMENT DATES

KASA Region 6 Championship

July 9-11, 2010

My Team's Information:

DIVISION OF PLAY	AGE GROUP	CLASS
Girls' Fast Pitch	<u>Circle One:</u> 10u, 12u, 14u, & 16-18u	Open

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 bellow 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: GFP KASA Region 6 Championship
Attn: Joe Sproul
24496 Rd E3
Edmond KS 67645

Make checks payable to: KASA Region 6