



KANSAS AMATEUR SOFTBALL ASSOCIATION



TOURNAMENT ENTRY FORM

TOURNAMENT NAME

TOURNAMENT DATES

KASA Region 2 Championship

June 26-27, 2010

My Team's Information:

DIVISION OF PLAY	AGE GROUP	CLASS
Girls' Fast Pitch	10-Under	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: Columbus Girls Softball League
Attn: Anita Walden
527 South Vermont
Columbus KS 66725

Make checks payable to: Columbus Girls Softball League