



KANSAS AMATEUR SOFTBALL ASSOCIATION



TOURNAMENT ENTRY FORM

TOURNAMENT NAME

TOURNAMENT DATES

KASA Region 1 Championship

June 19-20, 2010

**My Team's Information:**

DIVISION OF PLAY	AGE GROUP	CLASS
<b>Girls' Fast Pitch</b>	Check One: 12-Under-[ ] 14-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: David W. Freeman  
4722 SE Stanley Rd.  
Tecumseh, KS 66542

Make checks payable to: Kansas ASA Region 1