



KANSAS AMATEUR SOFTBALL ASSOCIATION



TOURNAMENT ENTRY FORM

TOURNAMENT NAME

TOURNAMENT DATES

KASA Region 4 National Qualifier

June 5-6, 2010

My Team's Information:

| DIVISION OF PLAY | AGE GROUP | CLASS |
|-------------------|-----------|-------|
| Girls' Fast Pitch | 12-Under | 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 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: Kansas ASA, Inc.
24496 Rd. E3
Edmond KS 67645

Make checks payable to: Kansas ASA