



KANSAS AMATEUR SOFTBALL ASSOCIATION



TOURNAMENT ENTRY FORM

TOURNAMENT NAME

TOURNAMENT DATES

KASA Region 2 Championship

June 18-20, 2010

**My Team's Information:**

DIVISION OF PLAY	AGE GROUP	CLASS
Girls' Fast Pitch	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: Curtis Darby  
Paola Girls Softball Assoc.  
PO Box 466  
Paola, KS 66071

Make checks payable to: PGSA