



KANSAS AMATEUR SOFTBALL ASSOCIATION



**TOURNAMENT ENTRY FORM**

**TOURNAMENT NAME**

**TOURNAMENT DATES**

**KASA STATE & NATIONAL QUALIFIER - LAWRENCE**

**MAY 15, 2010**

**My Team's Information:**

DIVISION OF PLAY	AGE GROUP	CLASS
<b>Men's' Slow Pitch</b>	<b>None</b>	<b>D</b>

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 Photo ID to the State Office or Tournament Director. You must hand-carry those documents to your Tournament Check-in.

Mail To: Men's Class D State & National Qualifier  
Attn: Bob Stanclift  
115 W. 11<sup>th</sup> St.  
Lawrence KS 66044

Make checks payable to: LPRD