



KANSAS AMATEUR SOFTBALL ASSOCIATION



TOURNAMENT ENTRY FORM

TOURNAMENT NAME

TOURNAMENT DATES

KASA STATE CHAMPIONSHIP

August 6-8, 2010

My Team's Information:

DIVISION OF PLAY	AGE GROUP	CLASS
Men's Slow Pitch	None	E/Rec

TEAM NAME: _____

TEAM ACCOUNT #: _____

MANAGER'S NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

Phone # Bus: _____ Res: _____ Cell: _____

E-mail Address: _____

Local Commissioner: _____

Entry Fee: \$300.00

Include all KASA \$50 Certificates with Entry Form. 1st KASA \$50 Certificate: -

2nd KASA \$50 Certificate: -

3rd KASA \$50 Certificate: -

4th KASA \$50 Certificate: -

5th KASA \$50 Certificate: -

Check #: _____ Amount Paid: _____

Manager's Signature

Date

The above completed Entry Form, Entry Fee, and all KASA \$50 Certificates if any, must be received at the address bellow on or before the published entry deadline. Do NOT mail your Championship Roster and Proof of Age to the State Office. You must hand-carry those documents to your Tournament Check-in.

Mail To: Jim Westerhaus
Adult Program Director
Kansas ASA, Inc.
335 W Chestnut
Junction City, KS 66441

Make checks payable to: Kansas ASA, Inc.