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
Women's Slow Pitch	None	D

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.