



3316 Isabella St.
 Midland, MI 48640
 989-835-5821
 www.usasoftballmi.org

OFFICIAL 2020 USA SOFTBALL OF MICHIGAN ADULT TEAM REGISTRATION FORM

Cash, check, money order, or credit card information must be included to process.

\$45 for registration form **postmarked** before June 1st

\$60 for registration form **postmarked** June 1st and after

NO REFUNDS ARE MADE ONCE USA SOFTBALL OF MICHIGAN RECEIVES FORMS AND PAYMENT

No registrations will be accepted after the **June 15th deadline** for qualifying/state tournament play.

<p>Choose One</p> <p><input type="radio"/> Men's</p> <p><input type="radio"/> Women's</p> <p><input type="radio"/> Coed</p>	<p>Choose One</p> <p><input type="radio"/> Fast Pitch</p> <p><input type="radio"/> Slow Pitch</p> <p><input type="radio"/> 16-Inch Slow Pitch</p> <p><input type="radio"/> 9-Man Modified</p> <p><input type="radio"/> 10-Man Modified</p>	<p>Choose one, if applicable</p> <p><input type="radio"/> 23 & Under (Men's) <input type="radio"/> 50 & Over</p> <p><input type="radio"/> 35 & Over <input type="radio"/> 55 & Over</p> <p><input type="radio"/> 40 & Over <input type="radio"/> 60 & Over</p> <p><input type="radio"/> 45 & Over <input type="radio"/> 70 & Over</p>
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TYPE OR PRINT CLEARLY

Team name _____ Manager's name _____

Manager's address _____ City _____ Zip code _____

District number _____ E-mail address _____ Area Code and Phone Number _____

City in which league is played: _____

Please indicate payment method: Credit Card Cash Check Check Number

Credit Card Payment: VISA MasterCard Discover

Credit Card _____ 3-Digit Code _____ Expiration Date _____

Address, If different from above _____

* MUST include credit card information for e-mail submission

USA SOFTBALL OF MICHIGAN USE ONLY

Team Number _____ Date Received _____ Amount Paid _____