



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

OFFICIAL 2008 MASA/ASA ADULT TEAM REGISTRATION FORM

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

District 21

\$35 for teams postmarked before June 01.
 \$40 for teams postmarked June 01 and after.

NO REFUNDS ARE MADE ONCE MASA RECEIVES FORMS AND PAYMENT

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

<p><u>Choose one</u></p> <p><input type="checkbox"/> Men's <input type="checkbox"/> Women's <input type="checkbox"/> Coed</p>	<p><u>Choose one</u></p> <p><input type="checkbox"/> Fast Pitch <input type="checkbox"/> Slow Pitch <input type="checkbox"/> 9-Man Modified <input type="checkbox"/> 10-Man Modified</p>	<p><u>Choose one, if applicable</u></p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 35 & Over</td> <td><input type="checkbox"/> 55 & Over</td> </tr> <tr> <td><input type="checkbox"/> 40 & Over</td> <td><input type="checkbox"/> 60 & Over</td> </tr> <tr> <td><input type="checkbox"/> 45 & Over</td> <td><input type="checkbox"/> 70 & Over</td> </tr> <tr> <td><input type="checkbox"/> 50 & Over</td> <td><input type="checkbox"/> Church</td> </tr> </table>	<input type="checkbox"/> 35 & Over	<input type="checkbox"/> 55 & Over	<input type="checkbox"/> 40 & Over	<input type="checkbox"/> 60 & Over	<input type="checkbox"/> 45 & Over	<input type="checkbox"/> 70 & Over	<input type="checkbox"/> 50 & Over	<input type="checkbox"/> Church
<input type="checkbox"/> 35 & Over	<input type="checkbox"/> 55 & Over									
<input type="checkbox"/> 40 & Over	<input type="checkbox"/> 60 & Over									
<input type="checkbox"/> 45 & Over	<input type="checkbox"/> 70 & Over									
<input type="checkbox"/> 50 & Over	<input type="checkbox"/> Church									

TYPE OR PRINT CLEARLY

Team name _____ Manager's name _____

Manager's address _____ City _____ Zip code _____

21
 District number _____ E-mail address (MASA use only) _____ Area code _____ Telephone 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 Number _____

CVV (three-digit code on back of card) _____ Expiration Date _____

Address _____

MASA USE ONLY

Team Number _____ Date Received _____ Amount Paid _____