



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

# OFFICIAL 2011 MASA/ASA ADULT TEAM REGISTRATION FORM

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

**District 21**

\$40 for teams postmarked before June 01.  
 \$45 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 15<sup>th</sup> 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%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> 35 &amp; Over</td> <td style="width: 50%;"><input type="checkbox"/> 55 &amp; Over</td> </tr> <tr> <td><input type="checkbox"/> 40 &amp; Over</td> <td><input type="checkbox"/> 60 &amp; Over</td> </tr> <tr> <td><input type="checkbox"/> 45 &amp; Over</td> <td><input type="checkbox"/> 70 &amp; Over</td> </tr> <tr> <td><input type="checkbox"/> 50 &amp; 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 \_\_\_\_\_