

OHIO USA ADULT Team Registration 2017

Effective 1/1/17 thru 12/31/17



ASA TEAM NUMBER (to be issued) _____

TEAM NAME _____

CITY _____ County _____

ADULT

Fast Pitch Men _____

Fast Pitch Women _____

Slow Pitch Men _____

Slow Pitch Women _____

Slow Pitch Industrial _____

Co-Ed _____

Other _____

Manager's Name _____

Street Address _____

City _____ State _____ ZIP CODE _____

Email _____

Phone No. _____ DISTRICT COMMISSIONER _____

Registration FEE is **\$30** Make check payable to: **Ohio ASA**

Mail check & application to: Your District Commissioner - find on www.ohioasasoftball.org