

# OHIO USA YOUTH Team Registration 2017

Effective 9/1/16 thru 8/31/17



ASA TEAM NUMBER (to be issued) \_\_\_\_\_

TEAM NAME \_\_\_\_\_

CITY \_\_\_\_\_ County \_\_\_\_\_

Fast Pitch		Slow Pitch	
8 U	_____	10 - under	_____
10U	_____		_____
12U	_____	10 - 12	_____
14U	_____	13 - 14	_____
16U	_____	15 - 16	_____
18U	_____	16 - 18	_____
18U Gold	_____	18 Gold	_____

Other \_\_\_\_\_

Manager's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Email \_\_\_\_\_

Phone No. \_\_\_\_\_ DISTRICT COMMISSIONER \_\_\_\_\_

Registration FEE is **\$35** Make check payable to: **Ohio ASA**

Mail check & application to: **Your District Commissioner - find on [www.ohioasasoftball.org](http://www.ohioasasoftball.org)**