

# OHIO USA ADULT Team Registration 2019

Effective 1/1/19 thru 12/31/19



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 [usasoftballohio.org](http://usasoftballohio.org)**