

2008

MASA JUNIOR OLYMPIC INDIVIDUAL REGISTRATION FORM

2008

\*\*\*This form must be accompanied with a Background Screening Application Form per each adult\*\*\*

( This is not an ASA Official Waiver & release of Liability & Imdemnification Form)  
 (Excludes teams from Metro Detroit ASA: Livingston, Macomb, Oakland and Wayne Counties)

Absolutely no registration of teams desiring to participate in MASA state tournament play will be accepted after June 01, 2008

Team Name: \_\_\_\_\_ Please check one of the following: \_\_\_\_\_ Classification: \_\_\_\_\_ Division: \_\_\_\_\_ Deductible: \$250.00  
 Class A \* \_\_\_\_\_ Class B \* \_\_\_\_\_ 10-Under \_\_\_\_\_ Girl's Fast Pitch \_\_\_\_\_  
 League City: \_\_\_\_\_ \* = Subject to State Office Approval 12-Under \_\_\_\_\_ Boy's Fast Pitch \_\_\_\_\_ Each Player **\$8.00**  
 14-Under \_\_\_\_\_  
 Manager's Phone # : \_\_\_\_\_ E-Mail: \_\_\_\_\_ 16-Under \_\_\_\_\_ **Each manager, coach, and scorekeeper \*\$15.00**  
 18-Under \_\_\_\_\_  
 Play in State Tournament: Yes \_\_\_\_\_ No \_\_\_\_\_ Team Ins. Certificate: Yes \_\_\_\_\_ No \_\_\_\_\_ \* May include background check

Position	Last Name	First Name	DOB	Street	City	Zip	MASA		Total
EXAMPLE	Doe	Jane	02/02/98		Your Town	12345	\$ 15.00	=	\$ 15.00
Manager							\$ 15.00	=	
Coach							\$ 15.00	=	
Coach							\$ 15.00	=	
Coach							\$ 15.00	=	
Scorekeeper							\$ 15.00	=	
Player 01							\$ 8.00	=	\$8.00
Player 02							\$ 8.00	=	
Player 03							\$ 8.00	=	
Player 04							\$ 8.00	=	
Player 05							\$ 8.00	=	
Player 06							\$ 8.00	=	
Player 07							\$ 8.00	=	
Player 08							\$ 8.00	=	
Player 09							\$ 8.00	=	
Player 10							\$ 8.00	=	
Player 11							\$ 8.00	=	
Player 12							\$ 8.00	=	
Player 13							\$ 8.00	=	
Player 14							\$ 8.00	=	
Player 15							\$ 8.00	=	
Player 16							\$ 8.00	=	

Credit Card Type: Visa MC Disc. Card Number: \_\_\_\_\_ CVV Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
 (Circle one from above) (3 or 4 digit on the back of the card) (Month) (Year)  
 Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_  
 If paying by check, make payable to MASA, 3316 Isabella Street, Midland, MI 48640-4314 Total Amount Enclosed: \_\_\_\_\_