

TEAM MANAGER'S AFFIDAVIT

I am the manager of the above team and, after being first duly sworn, depose and say that all of the information supplied above is correct to the best of my knowledge and that all of the players signed the above in their handwriting and they are eligible to compete with my team in the championship play of the ASA and agree to be bound by the rules of ASA as contained in the ASA code.

Manager's Name (Print) _____

Manager's Signature _____

Manager's Address (Print) _____

City _____ State _____ Zip _____

Home Phone () _____ Office Phone () _____

COMMISSIONER STATEMENT

ALL OF THE INFORMATION ON THIS ROSTER IS CORRECT TO THE BEST OF MY KNOWLEDGE

Signature of State / Metro Commissioner

State / Metro Association and Region Number

Signature of Deputy / District Commissioner

Signature of League or Tournament Director (If applicable)