

### Individual Player Payment Schedule

		Deductible (select only one)		
		<u>\$250</u>	<u>\$0</u>	
#	1	\$9	\$16	_____
#	_____ Coaches @	\$9	\$16	_____
#	_____ Players @	\$9	\$16	_____
		Total		_____

- Coaches should be listed with the players and the line number circled with no birth date required.
- The manager, coaches, and players must select the same deductible for the team.
- The manager and players listed on the player registration form must be the same as listed on the ASA Official Championship Roster which requires a parent or guardian signature.
- Make checks payable to: Maine ASA and return to District Commissioner.
- Mail to: Maine ASA, 21 Nelson Road, South Portland, ME 04106

District Commissioner \_\_\_\_\_ Date \_\_\_\_\_