



**MAINE AMATEUR SOFTBALL ASSOCIATION
JUNIOR OLYMPIC INDIVIDUAL PLAYER REGISTRATION**

Team _____ League _____

Age Division and Classification _____

Manager _____ Address _____

City/Town _____ Zip _____

Telephone _____ email _____

<u>Player's Name</u>	<u>Address</u>	<u>City/Town</u>	<u>Zip</u>	<u>Birth Date</u>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

(Over)

Individual Player Payment Schedule

		Deductible (select only one)		
		<u>\$250</u>	<u>\$0</u>	
#	1	Manager	@	
		\$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 _____