

2008



**ASA ♦ USA SOFTBALL OF MINNESOTA
MINNESOTA SPORTS FEDERATION
JUNIOR OLYMPIC TEAM MEMBERSHIP FORM**

*PLEASE TYPE OR PRINT AND COMPLETE ALL ENTRIES
DO NOT PLACE MORE THAN ONE DIVISION CODE ON THIS FORM
FORMS WHICH ARE NOT LEGIBLE WILL BE RETURNED
(Reproduction Permitted)*

SPORTS COMMUNITY _____ DATE _____

LEAGUE DIRECTOR _____ PHONE WORK () _____

ADDRESS _____ HOME () _____
(P.O. BOX ADDRESSES NOT ACCEPTED)

CITY & STATE _____ ZIP _____

LEAGUE UMPIRE IN CHIEF _____ E MAIL ADDRESS _____

DIV CODE: _____ (ENTER ONE ONLY)	TEAM MEMBERSHIP MATERIALS (Guide Books, Rule Books, Etc)	OFFICE USE ONLY
	_____ ALREADY RECEIVED _____ SHIP	_____ REGULAR SEASON ROSTERS RECEIVED _____ TOURNAMENT ENTRIES AWARDED

18GF - 18-Under Girls Fast	18GS - 18-Under Girls Slow	18BF - 18-Under Boys Fast	18BS - 18-Under Boys Slow
16GF - 16-Under Girls Fast	16GS - 16-Under Girls Slow	16BF - 16-Under Boys Fast	16BS - 16-Under Boys Slow
14GF - 14-Under Girls Fast	14GS - 14-Under Girls Slow	14BF - 14-Under Boys Fast	14BS - 14-Under Boys Slow
12GF - 12-Under Girls Fast	12GS - 12-Under Girls Slow	12BF - 12-Under Boys Fast	12BS - 12-Under Boys Slow
10GF - 10-Under Girls Fast	10GS - 10-Under Girls Slow	10BF - 10-Under Boys Fast	10BS - 10-Under Boys Slow

**List legibly below each team being registered and the correct
and complete address (including zip code) for each team coach**

			TEAM CLASSIFICATION				
			A	B	C	D	REC
1.COACH	_____	TEAM _____					
ADDRESS	_____	CITY _____ ZIP _____					
2.COACH	_____	TEAM _____					
ADDRESS	_____	CITY _____ ZIP _____					
3.COACH	_____	TEAM _____					
ADDRESS	_____	CITY _____ ZIP _____					
4.COACH	_____	TEAM _____					
ADDRESS	_____	CITY _____ ZIP _____					
5.COACH	_____	TEAM _____					
ADDRESS	_____	CITY _____ ZIP _____					
6.COACH	_____	TEAM _____					
ADDRESS	_____	CITY _____ ZIP _____					
7.COACH	_____	TEAM _____					
ADDRESS	_____	CITY _____ ZIP _____					
8.COACH	_____	TEAM _____					
ADDRESS	_____	CITY _____ ZIP _____					
9.COACH	_____	TEAM _____					
ADDRESS	_____	CITY _____ ZIP _____					
10.COACH	_____	TEAM _____					
ADDRESS	_____	CITY _____ ZIP _____					

See Reverse

TEAM CLASSIFICATION

			A	B	C	D	REC
11.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
12.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
13.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
14.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
15.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
16.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
17.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
18.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
19.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
20.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
21.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
22.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
23.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
24.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					
25.COACH _____	TEAM _____	_____					
ADDRESS _____	CITY _____	ZIP _____					

MEMBERSHIP	MEMBERSHIP FEE DISCOUNT
ASA-MSF Summer \$20.00 Add \$3.00 per team late fee after June 1	Take \$5.00 per team off your membership fees if your league picked up your books at a district meeting.

TOTAL TEAMS REGISTERED - PLEASE COMPLETE

_____ TEAMS @ \$ _____ EACH = \$ _____
 \$ _____ per players/team additional contribution to MSF Softball Complex/Softball Hall of Fame \$ _____

***NOTE:** For those teams registering as "individuals" place an asterisk next to the team name and attach their individual team membership form.

TOTALS = \$ _____

Visa _____ Mastercard _____



Credit Card Number (16 Digits): _____

Month/Year Expiration _____ (Cannot be processed without expiration date)

Name as it appears on card _____

Signature _____

MEMBERSHIP FEES MUST ACCOMPANY THIS FORM

Please make check or money order payable to

ASA♦USA-MSF and send to:

MSF J.O. Team Membership

10701 93rd Ave N Suite D

Maple Grove, MN 55369

(763) 488-9995

Fax: (763) 488-3712 (Fax-Credit Cards Only)