

**Amateur Softball Association of America**  
**Official Tournament Entry Form**  
www.asasoftball.com



THE NATIONAL GOVERNING BODY  
OF SOFTBALL

**Instructions:**

This form must be filled out by the ASA Commissioner (or his/her designee) before the team listed below is allowed to compete in any of the following tournaments (circle type of event):

Regional                      National/Territory/HOF                      National Championship Finals

**Please fill out completely and accurately**

YOUTH					
Girls	<input type="checkbox"/>	Fast	<input type="checkbox"/>	Gold	<input type="checkbox"/>
Boys	<input type="checkbox"/>	Slow	<input type="checkbox"/>	"A"	<input type="checkbox"/>
				"B"	<input type="checkbox"/>
ACE Coach	<input type="checkbox"/>			18-U	<input type="checkbox"/>
ASA Insurance Team	<input type="checkbox"/>			16-U	<input type="checkbox"/>
or Individual	<input type="checkbox"/>			14-U	<input type="checkbox"/>
				12-U	<input type="checkbox"/>
				10-U	<input type="checkbox"/>

ADULT					
Men	<input type="checkbox"/>	Slow	<input type="checkbox"/>	Major	<input type="checkbox"/>
Women	<input type="checkbox"/>	Fast	<input type="checkbox"/>	"A"	<input type="checkbox"/>
Coed	<input type="checkbox"/>	Mod. 9'	<input type="checkbox"/>	"B"	<input type="checkbox"/>
		Mod. 10'	<input type="checkbox"/>	"C"	<input type="checkbox"/>
		Ind.	<input type="checkbox"/>	"D"	<input type="checkbox"/>
		16'	<input type="checkbox"/>	Other	<input type="checkbox"/>
					<input type="checkbox"/>

**Team Information (Print or Type)**

Team Name: \_\_\_\_\_  
Manager: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: (     )                      Work Phone: (     )                      Cell Phone: (     )  
Fax Number: (     )                      Email: \_\_\_\_\_

The team listed above is currently registered and in good standing with its local ASA Association. This team has qualified to compete in the division and classification of play listed above:

Signed: \_\_\_\_\_

**Association Team is Registered with    Association Commissioner & Contact Phone Number                      Date**

This portion of the form shall only be used when the team listed above has qualified for a National Tournament or the National Championship Finals. This form is to be completed by either the tournament director of the qualifying tournament, or the local ASA Commissioner if the team has qualified via one of the following:

- 1) Registration Berth                      2) Returning Team                      3) Host Team

**The above team has qualified for a national Tournament or the National Championship Finals from: (Please check one)**

State/Metro     Regional     National/Territory/HOF Qlfr.     Registration Berth     Returning     Host Team

**The above team has qualified to compete in the:**

\_\_\_\_\_  
National Tournament or Championship Finals                      Signature of Qualifying Tournament Director or                      Date  
Local ASA Commissioner

Forward a copy of this form and the official ASA Championship Roster and affidavits to the National Tournament or National Championship Finals Tournament Director.