



## TEAM REGISTRATION FORM

TEAM NAME: \_\_\_\_\_ AGE DIVISION: \_\_\_\_\_ LEVEL OF PLAY: \_\_\_\_\_

### GENERAL INFORMATION

MANAGER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

### CONTACT INFORMATION

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Return Registration Form To: USA SB of GA  
Attn: Ernie Yarbrough  
782 Peachtree St. NE  
Unit 625  
Atlanta, GA 30308

USA SOFTBALL OF GA OFFICE

DATE SANCTIONED: \_\_\_\_\_ FEE AMOUNT: \_\_\_\_\_ PAID BY: \_\_\_\_\_