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: $35.00 PAID BY: ___________________