



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
151 S. Bethel Street
Thomaston 30286

USA SOFTBALL OF GA OFFICE

DATE SANCTIONED: _____ FEE AMOUNT: \$35.00 PAID BY: _____