NEW HAMPSHIRE AMATEUR SOFTBALL ASSOCIATION
LEAGUE TEAM REGISTRATION FORM (YEAR: _____)

THE NATIONAL GOVERNING BODY OF SOFTBALL

(Please Print or Type)

League Name: _____ City/Town League is Located: _____

Contact Person: _____ Address: _____ City/Town: _____ State: _____ Zip: _____

Home Phone: _____/_____/_____ Work Phone: _____/_____/_____ Cell Phone: _____/_____/_____ Email: _____

Slow Pitch: _____ Modified Pitch: _____ Fast Pitch: _____ Adult: _____ JO: _____ Male: _____ Female: _____ Co-Ed _____

Class	JO Age	Team Name	Manager's Name	Mailing Address	City/Town	State	Zip Code	Home Phone

Team Fees: (Adults: Single Team: $50.00, League Teams registering together: $35.00 each) (JO Teams: Travel Team/Single Team: $50.00, League Teams registering together: $20.00 each)

If you change managers or team name, please notify the state office as soon as possible (Office phone: 610-7111). Teams will receive: Subscription to USA Softball, rule book, scorebook, state roster form, insurance information, and a list of state and sanctioned local tournaments. A $25.00 service charge will be in effect on any check returned from the bank.

MAKE CHECK PAYABLE TO: NH ASA

MAIL TO: NH ASA
PO Box 8178
Portsmouth, NH 03802

FOR STATE OFFICE USE ONLY: Check No.: _____ Amount: _____ Date: _____