



"PLAY THE BEST,
PLAY ASA SOFTBALL"
*New Hampshire, Where Softball
is a Fun Game*



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

THE NATIONAL GOVERNING BODY OF SOFTBALL

(Please Print or Type)

Team Name: _____ League: _____ City/Town League is Located: _____
 Manager's Name: _____ Home Phone: ____/____/____ Work Phone: ____/____/____ Cell Phone: ____/____/____
 Mailing Address: _____ City/Town: _____ State: _____ Zip: _____ Email: _____

Division of Play (Adult)

JO (Junior Olympic)

Men's Class A Slow Pitch _____	Women's Class B Slow Pitch _____	Men's Class B Modified Pitch _____	Women's Class A Modified Pitch _____	JO Girls 10U Fast Pitch A _____ B _____
Men's Class B Slow Pitch _____	Women's Class C Slow Pitch _____	Men's Class C Modified Pitch _____	Women's Class B Modified Pitch _____	JO Girls 12U Fast Pitch A _____ B _____
Men's Class C Slow Pitch _____	Women's Class D Slow Pitch _____	Men's Class C 10-Man Modified _____	Women's Class C Modified Pitch _____	JO Girls 14U Fast Pitch A _____ B _____
Men's Class D Slow Pitch _____	Co-ed Slow Pitch _____	Men's Class D Modified Pitch _____	Women's Class D Modified Pitch _____	JO Girls 16U Fast Pitch A _____ B _____
Men's Class E Slow Pitch _____	Men's 16" Slow Pitch _____	Men's Class E Modified Pitch _____	Co-ed Modified Pitch _____	JO Girls 18U Fast Pitch A _____ B _____
Men's Church Slow Pitch _____			Women's 23U Fast Pitch _____	Youth Slow Pitch _____
Men's 1 Pitch Slow Pitch _____				
Men's Masters Slow Pitch _____	35+ _____ 40+ _____ 45+ _____ 50+ _____ 55+ _____			

First year with NH ASA? Yes _____ No _____ If no, how many years with NH ASA? _____

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) (NOTE: League Teams registering together should use the League Team Registration Form)

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: _____