



NEW HAMPSHIRE
AMATEUR SOFTBALL ASSOCIATION

2009 ASA NEW ENGLAND REGIONAL
12 & UNDER CLASS A
TOURNAMENT APPLICATION
JULY 10-12, 2009 KEENE, NH

PLEASE COMPLETE THE FOLLOWING:

(PLEASE TYPE OR PRINT)

TEAM NAME: _____

ACE CERTIFIED COACH: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

CELL PHONE: _____

(This number will be used to contact team during tournament)

E-MAIL ADDRESS: _____

(Confirmations and schedules will be sent to this e-mail address)

ENTRY FEE: \$350.00 (ENTRY DEADLINE: JULY 1, 2009)

(Includes a non-refundable deposit fee of \$150.00)

MAIL THE FOLLOWING ITEMS TO THE ADDRESS LISTED BELOW:

- 1) THIS APPLICATION FORM
- 2) ASA OFFICIAL ENTRY FORM
- 3) ENTRY FEE CHECK PAYABLE TO: NH ASA
- 4) OFFICIAL ASA ROSTER

NH ASA
PO Box 8178
Portsmouth, NH 03802

ALL PROOF OF INSURANCE, BIRTH CERTIFICATES/OR PLAYER ID CARDS & PICK-UP
PLAYER FORMS MAY BE HAND CARRIED TO THE TOURNAMENT.

FOR FURTHER INFO: Email: nhasarep@aol.com OR nhasajocommish@hotmail.com

Phone: (603) 610-7111 (603) 721-9032

TEAM MANAGER'S SIGNATURE: _____

By signing this application, you indicate that your team has read the attached rules and
Will abide by them during the tournament.