



Mick Renneisen, State Commissioner

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Official Adult State Tournament Entry Form

Complete the information below. Have this form signed by your ASA District Commissioner (*whoever registered your team with Indiana ASA*). Mail this entry form, along with your entry fee (money order or certified check), and your "ASA Official Waiver & Release of Liability & Indemnification – National Championship Roster Form" to the Tournament Director so it **is in his/her hands at least** seven (7) days prior to the scheduled start of the tournament.

Please note: Completely fill out the "ASA Official Waiver & Release of Liability & Indemnification – National Championship Roster Form" – including: team name and classification, managers' affidavit, commissioners' affidavit, individual players' printed names, signatures, bonafide street addresses including City, state, and zip code, players initials and date of birth. This form also must be signed by your local District Commissioner *or* **pay an additional \$25.**

<p><u>Please circle one:</u></p> <p>Men Women</p> <p>Coed</p> <p>Industrial Church</p>	<p><u>Please circle one:</u></p> <p>Fast Pitch</p> <p>Slow Pitch</p>	<p><u>Please circle your classification:</u></p> <p>Class A Class B Class C</p> <p>Class D Class E</p> <p>Class: Competitive</p> <p>Class: Recreational</p> <p>Open (A/B/C) Novice (D/E)</p>	<p><u>Please circle age</u> <u>division:</u> <i>(if applicable)</i></p> <p>Masters 35-Over</p>
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Tournament Site: _____ Tournament Dates: _____

Team Name: _____

Manager's Name: _____

Mailing Address: _____
House number & street
City, State and Zip Code

Home Telephone: _____ Including area code Work Telephone: _____ including area code

Mobile Phone: _____ Including area code Email Address: _____

Manager's Signature: _____ Date: _____

ASA District Commissioner's Signature: _____ Date: _____

Date Received: _____ Received by: _____