



2010 Team Registration Form – Prepaid Umpires

Team Name: _____

Age (circle): 10U 12U 14U 16U 18U Level of Play (circle): A/Elite B C

Number of Game Nights: _____ Options are 3 Nights, 5 Nights, 10 Nights (all double headers)

Host Field Location: _____

Number of Fields Available: _____ Weekday Field Availability: Mo Tu We Th Fr (Please Circle)

Coach Name (First, Last): _____

Street Address: _____

City/State/Zip: _____

Coach Email (required): _____

Coach Cell: _____

Coach Home Phone: _____

Coach Work Phone: _____

Indicate payee and address for any refund due:

Refund (Association Name): _____

Refund Street Address: _____

Refund City/State/Zip: _____

League Fees (check optional items and total):

- \$40 Membership/Administration (required)
- \$20 ASA Sanctioning (required Jan '10 – Dec '10)
- \$25 USSSA Sanctioning (required Aug '09 – Jul '10)
- \$150 3 Game Night Schedule (double headers, includes field and umpire)
- \$250 5 Game Night Schedule (double headers, includes field and umpire)
- \$500 10 Game Night Schedule (double headers, includes field and umpire)
- \$200 First State Tournament Please indicate: ASA USSSA
- \$160 Second State Tournament Please indicate: ASA USSSA

} Pick only one

_____ TOTAL

Remit check payable to **Minnesota Fastpitch League**, and mail completed form to P.O. Box 142, Savage, MN 55378