

CLOVIS SOFTBALL ASSOCIATION FALL LEAGUE ENTRY FORM

YEAR _____

AMOUNT PAID _____

Cash/Check

TEAM NAME _____

(This is the name that your team will be registered as in *USSSA*. You will be required to re-register your team if you enter a tournament under any other name than the complete name above)

If this team is not registered with *USSSA* you will be required to do so (\$25) additional

Preferred League Play

(Circle one)

Men's #1 Men's #2 Men's #3 Men's #4 Women's #1 Women's #2 Women's #3

1st Coach Name _____

Address _____

City _____

Phones H) _____ W) _____ Cell) _____

E-Mail Address _____

2nd Coach Name _____

Address _____

City _____

Phones H) _____ W) _____ Cell) _____

E-Mail Address _____

Clovis Softball Association recommends that each team purchase medical and liability insurance for you team! This insurance is available to you through *USSSA* at www.ussa.com

By signing this form, Coach/Manager, agree that he/she is responsible for collecting/paying card fees due for all players who play on my team, and agree that full entry fee will be paid by deadline.

I have read and fully understand and agree to everything on this form:

Signed _____ **Date** _____

Received by: _____ **Date** _____