

# CLOVIS SOFTBALL ASSOCIATION LEAGUE ENTRY FORM

YEAR \_\_\_\_\_ SEASON \_\_\_\_\_ 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 different name

\*First entry fee of season includes registration fees for *USSSA* \*

(League only \$20--League & Tournaments \$45 your choice)

## Preferred League Play (Circle 1 League and 1 Division)

Men's Church League--Monday

Upper Division

Men's Wednesday Night League

Middle Division

Women's Thursday Night League

Lower Division

TGIF (Men's Friday Night League)

\*\* This is just a request from you to help CSA Classify your team. The CSA Board of Directors will make final placement\*\*

1<sup>st</sup> Coach Name \_\_\_\_\_

Address \_\_\_\_\_

e-mail \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phones H) \_\_\_\_\_ W) \_\_\_\_\_ Cell) \_\_\_\_\_

2nd Coach Name \_\_\_\_\_

e-mail \_\_\_\_\_

Phones H) \_\_\_\_\_ W) \_\_\_\_\_ Cell) \_\_\_\_\_

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](http://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 for your league.

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

Received by: \_\_\_\_\_ Date \_\_\_\_\_