

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 reregister your team if you enter a tournament under different name

*First entry fee of season includes *USSSA League* registration fees for 2023*

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

Men's Wednesday Night League	Upper Division
Women's Thursday Night League	Middle Division
TGIF Men's Friday Night League	Lower Division

****This is just a request from you to help CSA Classify your team.****

****The CSA Board of Directors will make final placement.****

1st Coach Name: _____

Address: _____

E-mail: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

2nd Coach Name: _____

Address: _____

E-mail: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Work Phone: _____

Clovis Softball Association recommends that each team purchase medical and liability insurance for your 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 their team, and agree that full entry fee will be paid by deadline for your league. **Coach/Manager, agrees that NO PLAYER on this team is under 18 years old!**

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

Signed: _____ Date: _____

Received by: _____ Date: _____