

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 (\$20) additional

**Preferred League Play
(Circle one)**

Men's Gold

Men's Silver

Men's Bronze

Women's Gold

Women's Silver

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.usssa.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** _____