

# 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 any other name than the complete name above)

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

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

Men's Church League--Monday	Upper Division
Mixed Church League--Tuesday	
Men's Wednesday Night League	Middle Division
Women's Thursday Night League	
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\*\*

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

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

City \_\_\_\_\_

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

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

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

City \_\_\_\_\_

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*.

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 \_\_\_\_\_