

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**

1st Coach Name _____

Address _____ e-mail _____

City _____

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
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 _____