



Team Registration Form

Team Information:

Team Name (as it is to appear on registration): _____

Classification: 8U 10U 11U 12U 13U 14U 15U 16U 18U
(circle one)

Division: A B C (league only)
(circle one)

Manager Information:

Manager's Name : _____

Street Address: _____

City: _____ AZ Zip: _____

E-mail address: _____

Phone number: (please include area code)

(home) _____ (other) _____

Please complete the form and submit to the address below.

Yearly Registration Fee - - - \$25

Registration Year - - - August 1st - July 31st

AZ USSSA FAST PITCH

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