

Official Tournament Entry Form

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Instructions:

This form must be filled out by the USA Softball Commissioner (or his/her designee) before the team listed below is allowed to compete in any of the following tournaments (circle type of event):

Regional

National/Territory/HOF

National Championship Finals

Please fill out completely and accurately

YOUTH									
Girls	<input type="checkbox"/>	Fast	<input type="checkbox"/>	Coach Pitch	<input type="checkbox"/>	Gold	<input type="checkbox"/>	18-U	<input type="checkbox"/>
Boys	<input type="checkbox"/>	Slow	<input type="checkbox"/>	Machine Pitch	<input type="checkbox"/>	"A"	<input type="checkbox"/>	16-U	<input type="checkbox"/>
ACE Coach	<input type="checkbox"/>			Pitch	<input type="checkbox"/>	"B"	<input type="checkbox"/>	14-U	<input type="checkbox"/>
USA Softball Insurance Team	<input type="checkbox"/>				<input type="checkbox"/>	"C"	<input type="checkbox"/>	12-U	<input type="checkbox"/>
or Individual	<input type="checkbox"/>							10-U	<input type="checkbox"/>
								8-U	<input type="checkbox"/>

ADULT							
Men	<input type="checkbox"/>	Slow	<input type="checkbox"/>	Major	<input type="checkbox"/>	35-Over	<input type="checkbox"/>
Women	<input type="checkbox"/>	Fast	<input type="checkbox"/>	"A"	<input type="checkbox"/>	40-Over	<input type="checkbox"/>
Coed	<input type="checkbox"/>	Mod. 9'	<input type="checkbox"/>	"B"	<input type="checkbox"/>	45-Over	<input type="checkbox"/>
		Mod. 10'	<input type="checkbox"/>	"C"	<input type="checkbox"/>	50-75 Over	<input type="checkbox"/>
		Ind.	<input type="checkbox"/>	"D"	<input type="checkbox"/>		
		16'	<input type="checkbox"/>	Other	<input type="checkbox"/>	_____	

Team Information (Print or Type)

Team Name: _____

Manager: _____

Address: _____

City/State/Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Fax Number: () _____ Email: _____

The team listed above is currently registered and in good standing with its local USA Softball Association. This team has qualified to compete in the division and classification of play listed above:

Signed:

Association Team is Registered with _____ Association Commissioner & Contact Phone Number _____ Date _____

This portion of the form shall only be used when the team listed above has qualified for a National Tournament or the National Championship Finals. This form is to be completed by either the tournament director of the qualifying tournament, or the local USA Softball Commissioner if the team has qualified via one of the following:

1) Registration Berth

2) Returning Team

3) Host Team

The above team has qualified for a national Tournament or the National Championship Finals from:

(Please check one)

State/Metro Regional National/Territory/HOF Qlfr. Registration Berth Returning Host Team

The above team has qualified to compete in the:

National Tournament or Championship Finals Signature of Qualifying Tournament Director or Local USA Softball Commissioner Date

Forward a copy of this form and the official USA Softball Championship Roster and affidavits to the National Tournament or National Championship Finals Tournament Director.