

**USA SOFTBALL OF PENNSYLVANIA
JUNIOR OLYMPIC INDEPENDENT TEAM REGISTRATION
GIRLS' FASTPITCH TRAVEL/TOURNAMENT TEAMS ONLY
2026 SEASON**



*Make check payable to "ASA of PA" and mail with completed form to:
USA of PA, 6449 Snavelly Court, Harrisburg, PA 17111-4566*

This USA Softball of PA Registration is:

\$70.00 Per Team

- Valid for Girls Fast Pitch Division Only
- Valid for **USA Softball sanctioned** Invationals, Showcases and USA Softball of PA state tournament. **Must have \$2 million insurance coverage to participate in USA Softball of PA State Championship tournaments.**
- Valid for National Championships. Teams must have team insurance equivalent to USA Softball issued insurance or must purchase USA Softball insurance.

This USA Softball of Pennsylvania Registration DOES NOT include insurance, id cards or membership materials:

**CERTIFICATE OF INSURANCE MUST
ACCOMPANY THIS REGISTRATION FOR
COMPLETION OF THIS APPLICATION.**

OF PENNSYLVANIA

(Please Print Clearly and Complete All Information)				TEAM REG #: (to be assigned by state office) 2026-	
TEAM INFORMATION					
Team Name:					
Manager's First Name:			Manager's Last Name:		
Manager's Street Address:					
City:		State:	Zip:	County:	
Home Phone No.:		Cell Phone No.:		E-Mail:	
ASA OF PA DISTRICT:		AGE GROUP:			
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16		<input type="checkbox"/> 18/Under <input type="checkbox"/> 16/Under <input type="checkbox"/> 14/Under <input type="checkbox"/> 12/Under <input type="checkbox"/> 10/Under <input type="checkbox"/> 8/Under <i>*All Teams are eligible to participate in the USA Softball of PA State Championships with \$2 million insurance coverage.</i>	
				<input type="checkbox"/> Class A <input type="checkbox"/> Class B Would you like information on ASA's Individual Registration and Insurance program which would entitle your team to full membership benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
District/Deputy Commissioner:				Date:	
State Office:				Date:	