USA SOFTBALL OF PENNSYLVANIA
JUNIOR OLYMPIC INDEPENDENT TEAM REGISTRATION
GIRLS' FASTPITCH TRAVEL/TOURNAMENT TEAMS ONLY
2027 SEASON ~~~~ FEE: $80

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

OF PENNSYLVANIA

This USA Softball of PA Registration is:

- Valid for Girls Fast Pitch Division Only
- Valid for **USA Softball sanctioned Invitationals, 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.

(Please Print Clearly and Complete All Information)

TEAM REG #:
(to be assigned by state office)
ITT-2027-

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:**	
❑ 1	❑ 9	❑ 18/Under	❑ Class A ❑ Class B
❑ 2	❑ 10	❑ 16/Under	----------
❑ 3	❑ 11	❑ 14/Under	**Would you like information on ASA's Individual Registration and Insurance program which would entitle your team to full membership benefits?**
❑ 4	❑ 12	❑ 12/Under	❑ Yes ❑ No
❑ 5	❑ 13	❑ 10/Under	
❑ 6	❑ 14	❑ 8/Under	
❑ 7	❑ 15	*All Teams are eligible to participate in the USA Softball of PA State Championships with $2 million insurance coverage.	
❑ 8	❑ 16		

District/Deputy Commissioner:	**Date:**
State Office:	**Date:**