

MSA 20_____ TEAM REGISTRATION

League Night Preference: _____ Team Name: _____

Manager: _____ Phone #: _____

Email Address: _____

| | Player's Name | Player's Age (Tues & Thurs Only) | Resident (\$20.00) | Amount Due |
|-----|---------------|-------------------------------------|--------------------------|------------|
| 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"/> | \$ _____ |

TO REGISTER YOUR TEAM:

- You **must** submit at least 12 player cards.
- \$20 fee for each player.
- \$50 work fee per team.
- \$175 Umpire fee.
- \$100 team fee (For out-of-town teams. If you have **6 or more non-resident players** you will be considered an out-of-town team and will need to pay this fee)
- ONE check only, Payable to:
McFarland Softball Association
- Registration & card turn in **APRIL 17, 2010**
Spartan Bowl 10:00am – Noon

Sub Total: \$ _____

Work Fee: \$ 50.00

Umpire Fee: \$ _____

Team Fee: \$ _____

Total Amount Due: \$ _____

Amount Collected: \$ _____

Date Received: _____

Received By: _____