

EDMOND AMATEUR SOFTBALL ASSOCIATION - (EASA)

MEN TEAM REGISTRATION

PLEASE PRINT NEATLY

___SUMMER ___FALL 20___

E-Mail Address: _____

TEAM NAME _____

TEAM REP/COACH'S NAME _____

ADDRESS: _____
(Street) (City) (Zip Code)

PHONE: (Home)_____ (Work)_____ (Cell)_____

TEAM REP/COACH'S NAME _____

E-Mail Address: _____

PHONE: (Home)_____ (Work)_____ (Cell)_____

Has the majority of your team played in the Edmond league before? _____

If so, under what name(s)? _____

Please circle the league and division for which you are registering. If you fail to do this you may be placed in a division which you do not wish to play. **The EASA Executive Committee has, as its option, the right to place you in a division which you will be more competitive or to complete a division.**

MEN OPEN:	UPPER	MIDDLE	LOWER
MEN CHURCH:	UPPER	MIDDLE	LOWER

1. Is there a night your team can **NOT** play? (circle)

Wednesday Thursday

2. Is there a night your team prefers to play? _____ If so, rank the nights. (1 being best, 5 being worst)

Wednesday _____ Thursday _____

Monday is overflow night and must be your 3rd chose _____

3. If we can not put you in a league where you best qualify because you want to stay on a particular night:

a. Are you willing to play in a division up from the division you registered? _____

OR

b. Do you want your money refunded and cancel your registration? _____