Mr. David L. Nolan, State Commissioner
PO Box 233 ● Mitchell, IN 47446-0233
Telephone: 812-849-4442 · Fax: 812-849-6669
Email: dave@cpainbluejeans.com

Web sites: www.indiana-asa.org (Adult)
www.indianaasajo.com (Junior Olympic)
www.inasablue.org (Umpire), and www.inasahof.org (Hall of Fame)

Official Indiana ASA Adult State Tournament Entry Form

Complete the information below. Have this form signed by your ASA District Commissioner (*whoever registered your team with Indiana ASA*). Mail this entry form, along with your entry fee (bank or certified check), to the Tournament Director so it **is in his/her hands at least** seven (7) days prior to the scheduled start of the tournament. Also include your "ASA Official Waiver & Release of Liability & Indemnification – National Championship Roster Form" completely filled out, including: team name and classification, managers' affidavit, commissioners' affidavit, all players' printed names, players' dates of birth, signatures, bonafide street address including city, state, and zip code and initials. ***P-L-E-A-S-E*** print your Roster Form back-to-back on one sheet of paper.

Please note: Be sure to have your ASA District Commissioner sign this form or you will be required to submit an additional $25 Indiana ASA team registration fee at the tournament site.

Players will be required to show photo ID and sign the "Official ASA Tournament sign-in form before being eligible to compete at the tournament site.

Please circle one:	Please circle one:	Please circle your classification:
Men Women	Fast Pitch	Class B Class C
Church Coed	Slow Pitch	Class D Class E *(Slow Pitch, only)*
Industrial Masters		Open (Any) Novice (D/E)

Tournament Site: _____ Tournament Dates: _____

Team Name: _____

Manager's Name: _____

Mailing Address: _____
House number & street *City, State and Zip Code*

THE NATIONAL GOVERNING BODY OF SOFTBALL

Home Telephone: _____ Work Telephone: _____
Including area code *including area code*

Mobile Phone: _____ Email Address: _____
Including area code

Manager's Signature: _____ Date: _____

ASA District Commissioner's Signature: _____ Date: _____

Date Received: _____ Received by: _____