

ASA SOFTBALL TOURNAMENT APPLICATION

AGE DIVISION:

"A" DIVISION _____ GOLD _____ 18A _____ 16A _____ 14A _____ 12A _____ 10A

"B" DIVISION _____ 10B _____ 12B _____ 14B _____ 16B _____ 18B

"C" DIVISION _____ 10C _____ 12C _____ 14C _____ 16C _____ 18C

DATE REQUESTED: _____

TEAM NAME _____

MANAGERS NAME _____

PHONE NUMBER _____

EMAIL _____

Mail this form to the address below to enter this tournament. The entry fee is noted on the schedule page of the website. Please note the entries are not official until check is received. Entry deadline is 7 days prior to tournament. No spots will be held, Only teams who have paid will be in the tournament. No drops will be allowed after the tournament is considered full or brackets are done. Whichever comes first. NEVER SEND IN CHECK WITHOUT AN APPLICATION!

MAIL CHECK TO:

SOLONO COUNTY SOFTBALL

LYNN LUNGSTRUM

69 WESTWOOD STREET

VACAVILLE, CA. 95688

707-689-0516