

IOWA USSSA BASEBALL

2006 TEAM REGISTRATION FORM

The following form must be completed to become a sanctioned member of USSSA Baseball. Sanctioned members may participate in all USSSA baseball events, compete for national ranking points and participate in USSSA Baseball's outstanding insurance program.

(Circle age): 5 6 7 8 9 10 11 12 13 14 15 16 17 18

Team Name: _____

Manager Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax: _____

Email (required): _____

Was this team USSSA sanctioned last year? Yes _____ No _____

What was the team classification last season (circle): Major AAA AA A

2005 USSSA Classification (circle): Major AAA AA A

Manager's Signature: _____

Send this form along with a check for \$20 to the address below.

Make checks payable to: Iowa USSSA Baseball.

Mail to:

Iowa USSSA Baseball
2714 Caulder Avenue
Des Moines, IA 50321