



FALL BALL PROGRAM TEAM REGISTRATION AND ROSTER

Use one registration form & roster per team

Team Name: _____ (circle one) Age Division: 8 - 10 - 12 - 14 - 16 - 18

Coach Name: _____ Phone:() _____ Email Address: _____

Address (street, city, zip): _____

Check off below as you complete the registration and roster sections, before sending to USACC

- Team Name
- Age Group
- Legible Player's Name
- Physical Address
- Date of Birth
- Manager/Coach Information
- Coaches contact info

Total number of teams	_____ 1 _____	X	\$25.00 per team	=	___\$25.00__
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** Any players not already registered need to be registered through the USACC office. **\$23** per player needs to be mailed to the USACC office and please mark the players who need to be registered on the attached roster.

** Any coaches not already registered need to have the league/organization register them through registerusasoftball.com

Number of players not already registered	_____	X	\$23 per player	=	_____
GRAND TOTAL				=	_____
Check Number <i>(if applicable)</i>				=	_____

I have checked that all of my players are listed on the attached roster and find the info to be correct.

Coach signature _____ Date _____

Please make checks payable to: CCASA

Send a copy of both forms and payment to:

USA Softball of Central Cal
PO Box 820
Paso Robles, CA 93447



USACC YOUTH FALL BALL TEAM ROSTER

Team Name _____

League Name _____ Age Group: 8 - 10 - 12 - 14 - 16 - 18

	First Name	Last Name	Address	City	Zip	Date of Birth	Office Use
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

PLEASE LIST ALL COACHES BELOW

	First Name	Last Name	Address	City	Zip	Contact Phone #	Coach Member ID#
1							
2							
3							
4							
5							