



CENTRAL CALIFORNIA AMATEUR SOFTBALL ASSOCIATION YOUTH PLAYDAY REPORT FORM

Event Date: _____ Classification: **A - B - C - Open**
(circle one)

Contact Information: _____ Phone #: _____

Event Location: _____

ASSOCIATION SANCTION FEES					
\$25.00	Sanctioning Fee		=	\$	25
\$10.00	Per Team Fee	# Teams	=	\$	
\$25.00	Non-ASA Team Fee (per team)	# Teams	=	\$	
ASSOCIATION FEES ARE DUE TO THE CCASA OFFICE AS PER THE INSTRUCTIONS BELOW					
					Total Association Fees \$ _____



DEFINITION OF A PLAYDAY

Playdays are practice games and are limited to 10 total teams (4 total teams May15 - July 15). The event must play a Round Robin type schedule. There can be no elimination games, no standings and no awards given.

UMPIRES

All umpires must be ASA registered and obtained through the County UIC in which the event is being played. Your local UIC's contact information can be found on the Central California ASA web site in the contact section. The host is free to negotiate all umpire Fees.

INSTRUCTIONS FOR COMPLETING THIS FORM

All fees due are to be paid by the event host to the Association office. The completed paperwork, and any non-ASA team forms must be **e-mailed** to our office at the e-mail address below before the start of the event. All paperwork and fees must then be mailed to our office with a check immediately following the event

NON-ASA TEAM PARTICIPATION

Non-ASA teams may participate in ASA "A" and "Open" events only and on a per event basis. The non-ASA team must provide proof of insurance for their players and a copy of that insurance must be mailed with the completed paperwork as per the instructions above. Each non-ASA team must also complete the single event participation form found on the next page.

Make Check Payable to CCASA

Mailing Address: **Central California ASA**
P.O. Box 820
Paso Robles, CA 93447

Contact Info: **Jessica Ralls**
jessica.ralls@centralcalasa.com

**Central California ASA
Non-ASA Team
Single Event Participation Form**

Non-ASA teams may participate in Central California ASA only if the event is open to non-ASA teams.

The event coordinator and/or CCASA can allow or disallow any non-ASA team's participation.

This registration is for participation in one event only.

Each non-ASA team must also provide the event coordinator with a copy of their insurance.

Each non-ASA team will be assessed a single event participation fee of **\$25.00**

This completed form and a copy of the teams insurance must be delivered to the event coordinator before the event begins.

Team Information

Team Name: _____ **Age Group:** _____

Manager/Coach Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **E-Mail Address:** _____

Manager/Coach Signature: _____ **Date:** _____

**Make check payable to:
CCASA
PO Box 820
Paso Robles, CA 93447**