

# USA Softball of Connecticut 2018 Adult Team Registration Form

<b>League/ Organization</b> _____	<b>Director's Email</b> _____
<b>Director's Name</b> _____	<b>Director's Address</b> _____
<b>Mobile Phone</b> _____	<b>City/Town/ Zip(Code)</b> _____
<b>Home Phone</b> _____	<b>District Commissioner</b> _____

***Registration begins January 1 and concludes December 31.***

**The registration fee is \$40.00 per team. Checks Payable To: USA Softball of CT**

**INSTRUCTIONS:** *Please notice the tabs at the bottom of the form . This is a two part form. This page is the **INVOICE**. This portion is to filled out and mailed with your check. The Second portion the **DATA** tab. This is where you list your team's specific information. If you are using this document in excel it can be submitted electronically via the email address below. This Invoice portion should be emailed to the Office of the Vice President below and the hard copies of the **Invoice** and the **Data** (registration information) should be mailed with your check with your to the address listed below. *Only those registrations submitted electronically will receive an email confirmation.**

Agreement: The teams identified in this document will represent said teams in all local and/ or national competition in accordance with the rules of the Code USA Softball. All participating teams must be registered. Registration with USA Softball of CT/ RPS Bollinger includes team liability insurance\* (see attachment). USA Softball of CT and USA Softball are not responsible for any injuries or accidents to any team member. By my signature below, I attest that I understand and will abide by, the aforementioned established deadlines and guidelines and rules setforth by USA Softball of CT and USA Softball.

## INVOICE

Team Registration Information			
	Quantity	Classification & Division	Fee
Manager's Name (please print above)	1	Men's Class D Slow Pitch	\$ 40.00
	2	Men's Unclassified (Wood Bat)	\$ 80.00
Manager's signature (please sign above)			
Date			
FOR OFFICE USE ONLY			
Amount:			
Check #: _____	<b>TOTAL</b>		<b>TOTAL</b>
Total Teams:			

**INSURANCE INFORMATION**

<https://www.rpsbollinger.com/products-programs/usa-softball/>

**ADULT TEAMS - Mail this printed form and fees to :  
21 B Dixon St. Milford CT 06460 or paustin@ci.milford.ct.us**