



Washington ASA Junior Olympic Individual Player, Manager and Coaches Registration Form 2006

** The team will be associated with this name							 <p>Send this form to: Scott Busby 7 S 44th Ave Yakima, WA 98908 WASA District # 4 Assoc. # 15150</p> <p>Date received by State Office: Receipt Number: Check Number:</p>					
Team Name: **					Age: Class:							
Manager:					Work Phone:							
Address:					Home Phone:							
City:					Cell Phone							
State:		Zip:		E-mail:		Fax Number						
This is not an ASA roster, it is a WASA registration form.												
	First Name (Please Print or type)	Last Name	Mailing Address	Zip Code	City	State	Birth Date	Coach or Player	Telephone (Required)			
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Insurance Option: \$10.00/individual with \$100.00 deductible or \$11.00/individual with 0 deductible.												
Date registered _____ Signature of ASA Representative _____ This document must be signed by the ASA representative submitting the registration to the State Office.							Total					
					Managers, Coaches		X \$10 or \$11					
					Players		X \$10 or \$11					
		Total										