



Official WASA State Tournament Entry Form Men's Slow Pitch



Team Name _____ WASA Card Number _____
 Manager _____
 Manager Address _____
 City, State, ZIP _____
 Home phone _____ Work Phone _____
 Cell Phone _____ E-Mail _____

I certify that the above team is registered with the Wisconsin ASA for the current year and meets all the requirements as set forth in the WASA Handbook. In addition, I certify that the above information is correct and the attached ASA Official Roster is also correct.

Team Manager Signature _____ Date: _____

CLASSIFICATION:

<p>_____</p>	<p>Class C</p>	<p>Forms Needed:</p>	<p>_____ WASA Tournament Entry Form (this Form) _____ ASA Official Championship Roster</p>
<p>_____</p>	<p>Class D</p>	<p>Forms Needed:</p>	<p>_____ WASA Tournament Entry Form (this Form) _____ ASA Official Championship Roster</p>
<p>_____</p>	<p>Class E</p>	<p>Forms Needed:</p>	<p>_____ WASA Tournament Entry Form (this Form) _____ ASA Official Championship Roster _____ Copy of League Roster</p>

I certify as league director/official, that the team listed on this form plays in the listed league and all players listed on the attached ASA official Championship Roster are league rostered players in the league and have played in 2 league games by June 15th of the current year.

League Officer Signature _____ Date: _____
 Cell Phone _____ E-Mail _____