

MSA TEAM REGISTRATION

League Night Preference: _____

Team Name: _____

Manager: _____

Phone #: _____

Email Address: _____

Player's Names, list below. Per Player Fee \$30.00

1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____
4.	_____	\$	_____
5.	_____	\$	_____
6.	_____	\$	_____
7.	_____	\$	_____
8.	_____	\$	_____
9.	_____	\$	_____
10.	_____	\$	_____
11.	_____	\$	_____
12.	_____	\$	_____
13.	_____	\$	_____
14.	_____	\$	_____
15.	_____	\$	_____

TO REGISTER YOUR TEAM:

- You **must** submit at least 12 player cards for softball and 10 cards for kickball.
- \$30 per Player fee.
- \$125 Team fee.
- \$225 Umpire fee (Mon & Wed)
- \$285 Umpire fee (Tue fastpitch)
- Preferably ONE check, Payable to: **McFarland Softball Association**

Administration Only

Sub Total: \$ _____

Team Fee: \$ 125.00

Umpire Fee: \$ _____

Total Due: \$ _____

Collected: \$ _____

Date Received: _____

Received By: _____