

2016 KANSAS A.S.A INSURANCE & REGISTRATION
League Registration Form
Topeka Kansas

TEAM NAME: _____ **AGE / DIVISION:** _____

	Player Name	STREET ADDRESS	CITY	ZIP CODE	DATE OF BIRTH
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	List below any Assistant coaches or scorekeepers that you wish to register (cost is the same as it is for the players)				
18					
19					
20					

Manager: _____ **Address:** _____ **Date of Birth:** _____

Email address: _____ **Drivers License #:** _____