

2010 USSSA GOPHER STATE FALL BASEBALL LEAGUE

Registration Form



COMPETITIVE DIVISION



INDIVIDUAL APPLICATION

Entry Fee: \$90/Player

Please complete all information (including player's middle initial)

PLAYER'S NAME \_\_\_\_\_ DOB \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE\_(\_\_\_\_\_) \_\_\_\_\_ PARENT'S WORK PHONE\_(\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLAYER'S AGE FOR 2011 \_\_\_\_\_ TEAM PLAYED FOR IN 2010 \_\_\_\_\_  
(as of May 1, 2011)

2010 LEVEL (CIRCLE ONE) AAA AA 2010 COACH'S NAME \_\_\_\_\_

**PLEASE NOTE!!:** If you are submitting a team/large group of six or more at one time, do not fill out this form. Please fill out the team roster form to submit to the league office. **If you submit 9 or more players together, with a coach (at the same time) the entry fee is \$80/player.**

**INTERESTED IN COACHING?**

Check box if you are **entering a player** and want to volunteer to help coach.

COACH'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

(H) PHONE\_(\_\_\_\_\_) \_\_\_\_\_ (W) PHONE\_(\_\_\_\_\_) \_\_\_\_\_

CELL: (\_\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

AVAILABLE HOME FIELD? (Please verify with your community) Yes \_\_\_ No \_\_\_

NAME OF FIELD \_\_\_\_\_ (Please send map and address for field with registration)

**Return this form with payment by August 16, 2010 to:  
MYAS \* 4111 Central Avenue NE, Suite 208\* Columbia Heights, MN 55421**

The MYAS uses Check Mate check verification and recovery services. If your check is returned, the maximum penalty will be assessed according to Minnesota state law.

**No refunds will be given after the 8/16/2010 entry deadline date has passed.**