



# North American Fastpitch Association

## NAFA Registration Form

TEAM INFORMATION

CIRCLE AGE

Team Name: \_\_\_\_\_

Age: **8u / 10U / 12U / 14U / 16U / 18U**

League/Region/State: \_\_\_\_\_

Class: A B C Rec

Manager Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Manager Email: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Coach Phone/E-mail:

Assistant Coach Phone/E-mail:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Home: \_\_\_\_\_

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Work: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**\$30.00** NAFA membership Fee Per Team Expiration Date: **8-31-2020**

Make Check Payable to: **NAFA Softball**

Send to: **NAFA Softball**

**attn. Jim Rathe**

**2514 Poplar Ave**

**North St Paul, MN 55109**

Any questions call: **Jim Rathe 847-800-5739** or [jrathe@NAFASoftball.com](mailto:jrathe@NAFASoftball.com)