



# 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: **8-31-2019**

Make Check Payable to: **NAFA Softball**

Send to: **NAFA Softball**  
**attn. Jim Rathe**  
**495 Lovell Ave W**  
**Roseville, MN 55113**

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