



SOFTBALL PLAYERS ASSOCIATION

"a fun and rewarding place to play"



PLAYER REGISTRATION FORM

Date:		Player Name:	
Street Address: (No PO Boxes)			
City, State, Zip			
Telephone		Date of Birth	
Email Address			

Age Division		Tournament Team	
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(check appropriate box)

First Time Registration <input type="checkbox"/> Renewal <input type="checkbox"/> Men's Lifetime (75+ only) \$35 <input type="checkbox"/> Women's Lifetime (75+ only) \$35 <input type="checkbox"/>
Fee Schedule: 5 seasons \$70 <input type="checkbox"/> 1 Season \$35 <input type="checkbox"/> Lost Card \$35 <input type="checkbox"/> New State Relocation \$35 <input type="checkbox"/>
Note: Seasons run 1 Jan thru 31 Dec. Season cards expire on 31 Dec of year purchased. International Payments must be payable for the full amount in US Dollars.

Check List of Items to Send	
<input type="checkbox"/>	Copy of State Driver's License
<input type="checkbox"/>	Individual picture (color only) (no sunglasses or caps)
<input type="checkbox"/>	Completed and signed Registration Form
<input type="checkbox"/>	Your non-refundable check covering fees listed above

I understand that I will be required to show my SPA player's card AND Driver's License on site before I am allowed to participate in any SPA National Qualifying Tournament or SPA National Championship.

Voluntary Disclosure Consent: I hereby certify that the information provided on this Player Registration form is correct and further agree that it may be verified. Any falsification of the SPA National Player Registration Form will result in disciplinary action including suspension or banishment from SPA Competition.

PICTURE: Please send a clear color photo in which your face fills a space not less than one inch by one and one-quarter inch high. Good quality electronic photos are acceptable in any of the following image formats .jpg .gif .bmp .png .tif .wpg .wmf .emf.

*****NO BLACK AND WHITE PHOTOS ACCEPTED*****

Applicant's Signature: _____

This completed form with registration fees must be received twenty (20) days prior to the Tournament you wish to enter.

Make check payable to: SPA
 Mail to: SPA
 PO Box 1307
 Mustang, Ok. 73064

Phone: (405) 376-7034
 Fax: (405) 376-7035
www.softballspa.com