



SOFTBALL PLAYERS ASSOCIATION Team Registration Form



{Please Fill-in, Print, and Mail form to the address shown below}

Men's Division: (Choose One)

35+ 40+ 45+ 50+ 55+ 60+ 65+ 70+ 75+ 80+

Women's Division: (Choose One)

35+ 40+ 45+ 50+ 55+ 60+ 65+ 70+ 75+ 80+

Team Name:

Manager's Name:

Manager's Address:

City: State Zip:

Team State: Email Address:

Manager's Telephone No:

Registration Fee: \$40.00

Manager Requirements:

- Teams must be registered with the SPA Headquarters prior to participating in any SPA sanctioned event. **Allow a minimum of 30 days for return of team registration card.**
- A SPA Team Registration card will be issued to the Team Manager upon receipt of this form in the SPA National headquarters.

THIS CARD WILL ONLY BE ISSUED FROM SPA NATIONAL HEADQUARTERS.

- Mail this form to: **Softball Players Association National Headquarters
PO Box 1307
Mustang, OK. 73064**

- Phone: (405) 376-7034

For Internal Use Only Sanction ID#: _____

Thanks for Playing SPA – The Players Choice!!!

www.softballspa.com