

USA SOFTBALL of MISSISSIPPI JUNIOR OLYMPIC INDIVIDUAL REGISTRATION FORM 106 Pinewood Park Columbus, MS 39702



(THIS IS NOT THE OFFICIAL TEAM ROSTER)

LEAGUE or TEAM NAME:			YE	AR:	
ADDRESS, CITY, ZIP:					
DIVISION: (mark one) O SLOW-	-PITCH O FAST-PITCH	EMAIL:			
AGE GROUP: (mark one) 08	-Under ⊙10-Under ⊙12	2-Under ⊙14-Un	nder O	16-Under O	18-Under
INDIVIDUAL REGISTRATI \$15.00 Per Player and 0		You will receive your ID Cards 10-14 days from the date we receive your registrations.			
The benefit of in (\$250.00 Deductibl	ndividual registration is that Liability le) are automatically provided and	/ and Excess Acciden no other team registra	t Medical Ins ation fees ar	surance e required.	
PLAYER NAME	ADDRESS	CITY	STATE	ZIP	DATE OF BIRTH
				<u> </u>	
				+	
				+	-
				+	
				+	
	+			+	
	+				
			1		
COACHES' NAME	ADDRESS	CITY	STATE	ZIP	DATE OF BIRTH