



Spokane Girls' Fastpitch Softball Association

OFFICE USE ONLY

Date Accepted by Board:	
Team ID No:	Mgr. ID No:
League:	
Fee Rec'd:	

(Form Revised 3/10/05)

Team Registration Form 20__ Season

Please Print

(Distribution: White - SGFSA, Yellow - Team Manager)

Team Information

Team Name: _____ Check One Box Only
 Age Division: _____ Classification: Gold A B
 Requested League Assignment: _____

Manager Information (Must be at least 18 years of age)

Name: _____ E-mail: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____

I hereby apply for registration of the above named team in the SPOKANE GIRLS' FASTPITCH SOFTBALL ASSOCIATION for the designated season. I have enclosed a Coach Registration Form for the individual who will serve as our head coach and a deposit equal to the current team registration fee. I understand that, upon acceptance of this team registration, the deposit will become our non-refundable team registration fee and will be forfeited should we, for any reason, fail to field a team or otherwise withdraw from the Association. I also hereby agree that, if accepted for participation in the SPOKANE GIRLS' FASTPITCH SOFTBALL ASSOCIATION, both I and the above named team will be bound by all rules, procedures, and the code of conduct established by the board of directors to govern the activities of the Association.

Proxy Statement

I understand that, as the team manager, I am the designated voting representative of my team. However, in the event that I am unable to attend a meeting where a vote of the members is called for, I hereby designate the following individuals, in the order listed, to act as my proxy:

1. _____ 2. _____ 3. _____

FORMAL APPLICATION FOR TEAM REGISTRATION IN THE ASSOCIATION AND ACKNOWLEDGEMENT OF PROXY STATEMENT

Signature of Manager: _____ Date: _____