



**AUCKLAND SOFTBALL ASSOCIATION**

P O Box 26599 Epsom, Auckland Ph 09 6237900 Fax 09 6237920

E-mail [asainc@xtra.co.nz](mailto:asainc@xtra.co.nz) www.softballauckland.org.nz

**JUNIOR  
GROUND REGISTRATION FORM**

This form MUST be returned to the Association Office at the address above within 5 days of the played game. Failure to complete all necessary sections will result in the appropriate fine being imposed. If you fax, the original must follow in the post.

**PLEASE PRINT CLEARLY**

**PART 1**

Club: ----- Game No: -----

Venue: ----- Date: -----

Grade: -----Team (Include colour designation/Section: -----

---

**PART 2**

Player's Name: ----- Male/Female: -----

Address: -----

Home Phone No: -----Players Signature: -----  
(Competition grades only)

---

**PART 3. First year players a copy of birth certificate MUST accompany this form**

Date of Birth: -----Parents Signature: -----

Club Secretary's Signature: ----- Date: -----

---

**ASA OFFICE USE ONLY**

Date received: ----- Invoiced: Yes/No

---

**DECLARATION:** The Information contained herein is used solely for the Administrative purposes of the Auckland Softball Association Inc as defined in the PRIVACY ACT 1993, and will not be past on to an outside party without the written permission of the individual concerned.