



AUCKLAND SOFTBALL ASSOCIATION

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SENIOR 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: -----

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

ASA OFFICE USE ONLY

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

Data Entry Date: -----

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.