

# 2015 CSAA SOFTBALL TEAM REGISTRATION FORM

1949 Goldsmith Lane, Suite 101, Louisville, KY 40218, 456-2722

This form must be returned to the CSAA office by MARCH 9<sup>TH</sup>

FAX NUMBER: 459-8420

e-mail: [julie@loucsaa.org](mailto:julie@loucsaa.org)

PARISH \_\_\_\_\_ SPORT DIRECTOR \_\_\_\_\_

PRIMARY PHONE NO. \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

## I WOULD LIKE TO REGISTER:

\_\_\_\_\_ GIRLS 8<sup>TH</sup> GRADE TEAMS

\_\_\_\_\_ GIRLS 6<sup>TH</sup> GRADE TEAMS

\_\_\_\_\_ GIRLS 4<sup>TH</sup> GRADE TEAMS

In order to make up league and tournament schedules, we need this information. Please fill out the information below. If you do not know this information at this time, please call the CSAA Office as soon as it is available. **IF WE DO NOT RECEIVE THESE DATES, GAMES WILL NOT BE RESCHEDULED ONCE THE TOURNAMENTS ARE SCHEDULED.**

8<sup>TH</sup> GRADE GRADUATION DATE: \_\_\_\_\_

8<sup>TH</sup> GRADE FIELD TRIP: \_\_\_\_\_ 6<sup>TH</sup> GRADE FIELD TRIP: \_\_\_\_\_

## PLEASE PRINT LEGIBLY!

### 8<sup>TH</sup> GRADE COACHES:

EMAIL ADDRESS

PRIMARY PHONE

TEAM #1 \_\_\_\_\_

ASST. \_\_\_\_\_

TEAM #2 \_\_\_\_\_

ASST. \_\_\_\_\_

### 6<sup>TH</sup> GRADE COACHES:

EMAIL ADDRESS

PRIMARY PHONE

TEAM #1 \_\_\_\_\_

ASST. \_\_\_\_\_

TEAM #2 \_\_\_\_\_

ASST. \_\_\_\_\_

### 4<sup>H</sup> GRADE COACHES:

EMAIL ADDRESS

PRIMARY PHONE

TEAM #1 \_\_\_\_\_

ASST. \_\_\_\_\_

TEAM #2 \_\_\_\_\_

ASST. \_\_\_\_\_