



North American Fastpitch Association

NAFA Registration Form

TEAM INFORMATION

CIRCLE AGE

Team Name: _____ Age: **8u / 10U / 12U / 14U / 16U / 18U**

League/Region/State: _____ Class: A B C Rec

Manager Name: _____ Phone: _____

Manager Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Coach Phone/E-mail: _____ Assistant Coach Phone/E-mail: _____

Name: _____ Name: _____

Home: _____ Home: _____

Cell: _____ Cell: _____

Work: _____ Work: _____

Email: _____ Email: _____

\$30.00 NAFA membership Fee Per Team Expiration Date: **8-31-2022**

Make Check Payable to: **NAFA Softball**

Send to: **NAFA Softball**
attn. Jim Rathe
2514 Poplar Ave
North St Paul, MN 55109

Any questions call: **Jim Rathe 847-800-5739** or jrathe@NAFASoftball.com