## MEMORANDUM

TO: Boys Fastpitch Coaches

FROM: Lynette Peterson, Deputy City Clerk, City of North Mankato

**DATE:** January 18, 2011

SUBJECT: 2011 ASA Softball National Boys Fastpitch Tournament

Caswell Park, North Mankato, MN - August 5-7, 2011

Attached you will find the information packet and registration forms for the 2011 ASA Softball National Boys Fastpitch Tournament August 5-7, 2011 at Caswell Park in North Mankato, MN. If your team is registering, please fill out the paperwork and send it to the appropriate address as noted on the forms. Questions regarding registration may be directed to Bruce Walters, Tournament Director, at (507) 340-6027 or via email at <a href="mailto:fgroup21@gmail.com">fgroup21@gmail.com</a> or Jack Norman at (507) 381-5335 or via email at <a href="mailto:inormancpa@acncpa.com">inormancpa@acncpa.com</a>.

If your team will be making hotel reservations, please see page 9 of the ASA Packet. Questions regarding lodging should be directed to me. My contact information is below. I would be happy to assist you with any questions you have regarding lodging or visiting the North Mankato area.

We look forward to seeing your team in August at the 2011 ASA Boys National Tournament at Caswell Park in North Mankato!

Lynette R. Peterson, CMC Deputy City Clerk City of North Mankato 1001 Belgrade Avenue North Mankato, MN 56003 Phone: (507) 625-4141

Fax: (507) 625-4151

<u>lynettep@northmankato.com</u> <u>www.northmankato.com</u> <u>www.caswellpark.net</u>



## ASA SOFTBALL NATIONAL BOYS FASTPITCH TOURNAMENT AUGUST 5-7, 2011 REGISTRATION & ENTRY FORM

TEAM NAME	
COACH'S NAME	
STREET ADDRESS	
CITY	
PHONE (H) (W	
EMAIL ADDRESS	
AGE GROUP (Circle): 23 18 16 14 1	12 10
National Championship in North Mankato, MN on August 5-7, 2011	\$375.00 \$

MAIL TO: MANKATO AREA FASTPITCH 1628 SOUTH RIVERFRONT DRIVE MANKATO, MN 56001

FORM & FEE DEADLINE – JULY 27

## **ASA SOFTBALL** NATIONAL BOYS FASTPITCH TOURNAMENT NATIONAL TOURNAMENT PROGRAM ROSTER August 5-7, 2011

(Please Print) Representing State/Metro:	Region:
Team Name:	Division:
Manager Name:	Email:
Mailing Address:	State: Zip:
Home Phone:	Work Phone:

No.	Uniform #	Position	Player's Name
1.			
2.			
3.			
4.			
5.			
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16.			
17.			
18.			
19.			
20.			



## **TOURNAMENT SIGNATURE FORM**



Team name ( As it appears on the Registration Print 0	Out.)	Cell Phone Number	
Manager's Name		Manager's Address	
City	Zip	Manager's Signature	
All players and managers are required to sign to Tournament. Participation is defined as being a Players are reminded that individual played ivision of play throughout the season in a	available at the tournament site and signirs may sign the roster of one and on	ng this signature form.	
( PRINT ) Players Name	Player's Signature	Date of Birth	
01)		( 01	
02)		( 02	
03)		( 03	
04)		( 04	
05 )		( 05	
06)		( 06	
07 )		( 07	
08)		( 08	
09)		( 09	
10)		(10	
11)		(11	
12)		( 12	
13)		( 13	
14)		( 14	
15)		( 15	
16)		( 16	
17)		( 17	
18)		( 18	
19)		(19	
20)		( 20	
21)			
22)		( 22	
20.)		/ 00	

This form must be attached to the tournament roster and included in the Official Tournament Report.