



REC. CENTER/LEAGUE: \_\_\_\_\_

NIGHT/DATE: \_\_\_\_\_

DIRECTOR'S NAME: \_\_\_\_\_

M/WO/COED/SP/FP: \_\_\_\_\_

ADDRESS/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

TEAM NAME	MANAGER'S NAME	MANAGER'S ADDRESS	CITY	STATE	ZIP

Send form and payment to: Gary Berouty, So Cal ASA Adult Commissioner, 2319 Hill Lane, Redondo Beach, CA 90278