



North American Fastpitch Association NAFA Membership Application

TEAM INFORMATION

Circle Age

Team Name: _____ Age Group: 10U / 12U / 14U / 16U / 18U

League or Region _____

Coach Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Coach Phone / E-Mail:

Ass't Coach Phone / E-Mail:

Home): (____)____ - _____

Home): (____)____ - _____

Work): (____)____ - _____

Work): (____)____ - _____

E-Mail: _____

E-Mail: _____

\$30.00 Membership Fee Per Team Expiration Date: 12-31-12
Make check payable to NAFA and mail to:

NAFA Registration
John Seitz
1000 N Richmond Cir.
Sioux Falls SD 57103

Questions

605-370-7793

or

johnlseitz90@gmail.com