

**PORTLAND METROPOLITAN SOFTBALL ASSOCIATION
APPLICATION FOR USA SOFTBALL INSURANCE
WILDCAT LEAGUES**



(Please Print)

GROUP NAME _____

Main Contact _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Fax No. _____ Email Address _____

Mail to:
Delta Sports Office
10850 N. Denver Ave
Portland, OR 97217
Phone: (360) 440-3928
questions@portlandsoftball.com

TEAM INFORMATION

Please check the Type of Slowpitch Team(s) you are registering: Fee: \$25.00 per Team (checks payable to PMSA)

Coed Mens Womens

Number of each (if applicable):

List Team Name, Manager Name :

	<u>Team Name</u>	<u>Manager Name</u>
1)	_____	_____
2)	_____	_____
3)	_____	_____
4)	_____	_____
5)	_____	_____
6)	_____	_____
7)	_____	_____
8)	_____	_____
9)	_____	_____
10)	_____	_____
11)	_____	_____
12)	_____	_____
13)	_____	_____
14)	_____	_____
15)	_____	_____
16)	_____	_____

*This registers your team as an USA Softball team and covers the City of Portland as additional insured. If you are using USA Softball umpires for your league it covers those umpires as well. This does not cover Individual Players. For any questions call Angie Pickron at 360-440-3928.

FOR OFFICE USE ONLY

Amount received: Cash _____ Check _____ Visa/Master Card _____
Date received _____ Check # _____ Received _____