

**ASA of PA**  
 Host of  
**16U Class A Eastern National Championship**  
 York, PA – Aug. 1 to 5, 2012  
**Tournament Entry Application**  
[www.paasa.org](http://www.paasa.org)



**PLEASE PRINT CLEARLY**

**Pennsylvania teams:** Complete and submit the entire form below and include:

- check for \$500 made payable to ASA OF PA (entry fee \$450 plus \$50 gate fee)
- ORIGINAL signed ASA Roster

**Non-PA teams:** Complete and submit the entire form below and include:

- check for \$500 made payable to ASA OF PA (entry fee \$450 plus \$50 gate fee)
- ORIGINAL signed ASA Roster, and
- Official Tournament Entry Form signed by your State/Metro Commissioner.

**Mail To:** Tina Sanders, 266 S. Christian St., Cleona, PA 17042

Contact info: Ph: 717.274.6740 or Cell: 717.507.2229 E-mail: [tmsanders@verizon.net](mailto:tmsanders@verizon.net)

Team Name: \_\_\_\_\_

Manager: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**ASA Registration Info:**

- Individual Player Registration       Team Registration

**Note: Proof of ASA Registration, Insurance required and Photo IDs required for all players at check-in**

**Coaches and adult personnel with 2012 ASA Background Checks**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

**2012 ACE Certified Coaches**

Name: \_\_\_\_\_ Level: \_\_\_\_\_

Name: \_\_\_\_\_ Level: \_\_\_\_\_

*NOTE: Current Background Check & ACE Certification are mandatory for National Championship Tournaments. An ACE Certified Coach must be present at all games. ACE Certification & Background check credentials must be presented and check-in and visible at all times during tournament.*

We have qualified for Eastern Nationals through:

- Returning Team       Millhouse Memorial Qualifier       Host of 2012 National Qualifier  
 Eastern National Qualifier       State/Metro Championships       Regional Qualifier

Date & Location of above qualifying tournament: \_\_\_\_\_

Office Use only: Check # \_\_\_\_\_ Check Date \_\_\_\_\_ Name on Check \_\_\_\_\_