

**USA Softball of Central California
Non-USA Team
Single Event Participation Form**

- Non-USA teams may participate in USA Softball of Central Cal only if the event is open to non-USA teams.
- The event coordinator and/or USACC can allow or disallow any non-USA team's participation.
- The event coordinator must purchase tournament insurance upon accepting a non-USA team.
- This registration is for participation in one event only.
- Non-USA teams must provide the event coordinator with a copy of their insurance.
- Non-USA teams will be assessed a single event participation non-refundable fee of **\$25.00**
- This completed form and a copy of the team insurance must be delivered to the event coordinator before tournament close date for that event.

Team Information

Team Name: _____ Age Group: _____

Manager/Coach Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail Address: _____

Manager/Coach Signature: _____ Date: _____

NOTE: NO USA TEAM CAN BE BUMPED OR TURNED AWAY FOR A NON-USA TEAM. THEREFORE ALL NON-USA TEAMS WILL BE PLACED ON A WAITING LIST UNTIL THE TOURNAMENT CLOSES.

Please fill out the attached Credit/Debit Authorization form and email both pages to:

**Debbie Frascona
debbie.frascona@centralcalasa.com**

CCASA CREDIT/DEBIT CARD AUTHORIZATION FORM

Date: _____

Name of League/Organization (if applicable): _____

I, _____, authorize Central California Amateur Softball Association (CCASA), to charge my credit card (Visa, MasterCard, American Express, or Discover) for the following:

Player Registrations

Coach Registrations

Umpire Registrations

Tournament Registration Fees

Umpire Store Purchase

Other: NON-USA TEAM FEE

Fees from above (total you are paying for coaches/ump order/etc).....	\$	_____
Processing Fee.....	\$	4.00
GRAND TOTAL.....	\$	_____

→→→ AUTHORIZED SIGNATURE: _____ ←←←

YOUR CREDIT CARD INFORMATION

(this information will be shredded immediately after your card is charged)

Credit Card Number: _____

Expiration Date: _____ CVV # (three digit code on back strip): _____

Name on Credit Card: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

Questions please call 805-466-8505 or email jessica.ralls@centralcalasa.com