



"World Class Athletic Events"

ASP EVENT REGISTRATION FORM

OFFICIAL ENTRY FORM

Name of Event: _____ Date of Event: _____

Event Location: _____

Team Name: _____

Age Division (Circle One): **6U 7U 8U 9U 10U 11U 12U 13U 14U 16U 18U**

Manager: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

FAX: _____

Email Address 1: _____

Email Address 2: _____

Street Address: _____

City: _____

State: _____

Zip Code: _____

Nations Baseball Team Registration Number: _____

NOTE: All teams must be registered with Nations Baseball in order to participate.

Amount Enclosed: _____ (Baseball teams Include an additional \$45 if your team is not registered with Nations Baseball)

Make Check or Money Order Payable to **Allstar Productions** and mail to the following address:

Allstar Productions, Inc
3295 Abel Ave
Pace, FL 32571

NOTES:

1. Each team must provide 2 baseballs per game.
2. No Refunds Will Be Issued Within 30 Days of Event Start Date
3. Your team must be registered with Nations Baseball to participate

Please contact us if you have questions:

Joe Tyler - (850) 602-0447 (joe@aspsports.com)

Albert Ward – (850) 418-2313 (albert@aspsports.com)