



Ohio USSSA Team Registration Form:

Team Name: _____

Coach Name: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email _____

Age Group: (circle) **8U 9U 10U 11U 12U 13U 14U 15U 16U 18U 18&over**

Classification: (circle) **A B C not sure?** (please keep in mind, a team can be reclassified due to team strength at any time during the season)

Please enclose a check for \$25 made payable to USSSA and send to:

**Ohio USSSA
c/o Denny Rose
5864 Sweetgum Dr.
Monclova, OH 43542**

Email: droseusssa@bex.net