



TEAM DATA

Registration

Date: m m / d d / y y

County:

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Team Name:

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Sport: Baseball Softball
 Basketball Other
 Soccer

Category: 05-06 15-16
 07-08 17-18
 09-10 S27
 11-12 College
 13-14 Other

Owner Last Name:

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First Name:

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Physical Address:

eMail / Web:

Postal Address:

Phones:

Affiliate Member

GSA Representative

All Affiliate Members must be already registered with GSA.
At the moment of submit and present this application,
the Affiliate Member should present your valid GSA-ID.