



Adult State Tournament Entry Form

How did you qualify: District Tournament MASA Qualifying Tournament Move-Up Team Detroit ASA

INSTRUCTIONS: MAIL IMMEDIATELY

To enter MASA State Tournament play, complete this form in its entirety and send it along with your **MASA State Tournament Entry Fee** to the tournament contact prior to the tournament deadline. **If necessary, send all paperwork via Overnight Delivery.** This will ensure your team a place in the tournament director to send all necessary information to the team manager. If you have any further questions regarding the proper procedure for entering MASA State Tournament Play contact the MASA State Office.

The deadline for all MASA State Tournament play is 5:00 p.m. on the Monday of the week of the MASA State Tournament draw. The MASA State Tournament draw will be held no later than NOON on the Friday prior to the scheduled tournament.

| | |
|--------------------------------|---|
| Year _____ | Tournament with division and classification _____ |
| Team Name _____ | District Number _____ |
| Team Registration Number _____ | Team Classification _____ |

| | | | |
|------------------------|--|----------------|--|
| Manager's Name _____ | Address _____ | | |
| City _____ | State _____ | Zip Code _____ | |
| Phone _____ | <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work | Phone _____ | <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work |
| Manager's E-mail _____ | | | |

| | | | |
|-------------------------|--|----------------|--|
| Alternate Contact _____ | Address _____ | | |
| City _____ | State _____ | Zip Code _____ | |
| Phone _____ | <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work | Phone _____ | <input type="radio"/> Cell <input type="radio"/> Home <input type="radio"/> Work |
| Manager's E-mail _____ | | | |

Commissioner's Name _____ Phone _____

Commissioner's Signature _____

Print Form