



**2024**  
**NSF ♦ MSF**  
**MINNESOTA SPORTS FEDERATION**  
**ADULT SOFTBALL FALL TEAM MEMBERSHIP FORM**  
 PLEASE TYPE OR PRINT AND COMPLETE ALL ENTRIES  
 DO NOT PLACE MORE THAN ONE DIVISION CODE ON THIS FORM  
 (Reproduction Permitted)



SPORTS COMMUNITY \_\_\_\_\_ LEAGUE DIRECTOR \_\_\_\_\_ DISTRICT \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_  
 (Cannot be a P.O. Box)

PHONE WORK (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_

LEAGUE UMPIRE-IN-CHIEF \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY & STATE \_\_\_\_\_ ZIP \_\_\_\_\_ EMAIL \_\_\_\_\_

PHONE WORK (\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_) \_\_\_\_\_ HOME (\_\_\_\_) \_\_\_\_\_

DIV CODE: _____ (ENTER ONE ONLY)	TEAM MEMBERSHIP MATERIALS (Guidebooks, Rulebooks, etc.) _____ ALREADY RECEIVED _____ SHIP	OFFICE USE ONLY _____ REGULAR SEASON ROSTERS RECEIVED _____ TOURNAMENT ENTRIES AWARDED
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MSP - Men's Slowpitch WSP - Women's Slowpitch CRSP - Co-Rec Slowpitch	CSP - Church Slowpitch MP - Modified Pitch MFP - Men's Fastpitch	MS35 - Men's (35 & over) Slowpitch MS40 - Men's (40 & over) Slowpitch MF40 - Men's Fastpitch (40 & over)	<b>FALL SOFTBALL</b> MSP - Men's Slowpitch CRSP - Co-Rec Slowpitch
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**List legibly below each team being registered and the complete address**  
**(including zip code and email address) for each team manager**

				TEAM CLASSIFICATION					
				A	B	C	DD	D	E
1. TEAM _____	MGR _____	EMAIL _____							
ADDRESS _____	CITY _____	ZIP _____							
2. TEAM _____	MGR _____	EMAIL _____							
ADDRESS _____	CITY _____	ZIP _____							
3. TEAM _____	MGR _____	EMAIL _____							
ADDRESS _____	CITY _____	ZIP _____							
4. TEAM _____	MGR _____	EMAIL _____							
ADDRESS _____	CITY _____	ZIP _____							
5. TEAM _____	MGR _____	EMAIL _____							
ADDRESS _____	CITY _____	ZIP _____							

TEAM CLASSIFICATION

			A	B	C	DD	D	E
6. TEAM	MGR	EMAIL						
ADDRESS	CITY	ZIP						
7. TEAM	MGR	EMAIL						
ADDRESS	CITY	ZIP						
8. TEAM	MGR	EMAIL						
ADDRESS	CITY	ZIP						
9. TEAM	MGR	EMAIL						
ADDRESS	CITY	ZIP						
10. TEAM	MGR	EMAIL						
ADDRESS	CITY	ZIP						
11. TEAM	MGR	EMAIL						
ADDRESS	CITY	ZIP						
12. TEAM	MGR	EMAIL						
ADDRESS	CITY	ZIP						
13. TEAM	MGR	EMAIL						
ADDRESS	CITY	ZIP						
14. TEAM	MGR	EMAIL						
ADDRESS	CITY	ZIP						
15. TEAM	MGR	EMAIL						
ADDRESS	CITY	ZIP						

**MEMBERSHIP**  
 NSF ♦ MSF Fall - \$10.00  
 Add \$3.00 per team late fee  
 after September 5 for Fall.

**TOTAL TEAMS REGISTERED - PLEASE COMPLETE**

\_\_\_\_\_ TEAMS @ \$\_\_\_\_\_ EACH = \$\_\_\_\_\_

\$\_\_\_\_\_ *per team additional contribution to  
 Minnesota Softball Hall of Fame Fund* \$\_\_\_\_\_

**TOTAL = \$\_\_\_\_\_**

**MEMBERSHIP FEES MUST ACCOMPANY THIS FORM**

**Please make check or money order payable to NSF ♦ MSF and send to:**

NSF ♦ MSF Team Membership  
 118 12th Ave. N.  
 South St. Paul, MN 55075  
 Fax (651) 451-3140 (Credit cards only)

Visa _____ MasterCard _____ Discover _____ Credit Card Number _____ Month/Year Expiration _____ Security Code _____ Name as it appears on card _____ Signature _____
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