



2025
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)	FALL SOFTBALL 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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