



OHFA Fastpitch Finale Registration Form

July 31 – Aug 2, 2009

Team Name: _____ **Age group:** _____

Head Coach / Phone:

Assistant Coach / Phone:

Assistant Coach / Phone:

Person Responsible For Entry:

Street Address:

City: _____ **State:** _____ **Zip Code:** _____

Home Telephone: _____ **Work Telephone:** _____

Cellular Telephone: _____

E-Mail: _____ **Website:** _____

USSSA Registration No.: _____

Liability Insurance Carrier and Policy No.: _____

Email or return to Registration@OhioHawks.com

Ohio Hawks
PO Box 42164
Middletown, Ohio 45042