

2009

NAFA Registration Application

(Please Print or Type)

League / Team Name

Age Div.

Class A or B

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Contact:

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Address:

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City

State

Zip

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Phone:

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Cell Phone:

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E-mail

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Fax.

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Effective Date: January 1, 2009 through December 31, 2009

Please send this application and a \$30.00 check made out to ILLINOIS NAFA to:  
(You may also register online at [nafaregion7.com](http://nafaregion7.com))

Paul Martin  
5036 Tamery Lane  
Rockford, Illinois 61108  
Email: [pamartin@fastpitchrockford.com](mailto:pamartin@fastpitchrockford.com)  
Phone 815-399-6493