



TEAM REGISTRATION FORM FOR 2024

Team Name _____

Division: 50s 60s 65s 70s 74s 79s

Team Contact Person _____

Address _____

City, State, Zip _____

Phone _____ Cell _____ Email _____

Field Manager _____

Address _____

City, State, Zip _____

Phone _____ Cell _____ Email _____

Signature _____

**Registration Fee is \$200.00 (US funds) made payable to:
Florida Half Century ASA, Inc.**

PLEASE COMPLETELY FILL OUT THE ABOVE FORM LEGIBLY (TYPING PREFERRED) AND MAIL TO:

Al Melendez

1874 Wood Owl St.

Tarpon Springs, FL 34689