



# AFA Fastpitch Softball

## TEAM INSURANCE APPLICATION

Fill it out and mail with payment of to:

American Fastpitch Association (AFA)  
2926 Calle Frontera  
San Clemente, CA 92673  
(949) 291-8783 - (949) 630-3340 - (888) 630-1320

Insurance coverage is from January 1, 2017 thru December 31, 2017

Team Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell # : ( \_\_\_\_\_ ) \_\_\_\_\_ Home #: ( \_\_\_\_\_ ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Age division: (*circle one*) 8u, 10u, 12u, 14u, 16u, 18u

Combined Accident Medical Expense/Liability Coverage:

8 & under, 10 & under, 12 & under: \$115.00 per team

14 & under, 16 & under: 145.00 per team

18 & under: \$195.00 per team

Additional Insured for City or Park (not individuals): Name, Address (no PO box), City , State, Zip

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1st Additional insured is free: 2 or more are \$25.00 each

TOTAL OF ALL CHARGES \_\_\_\_\_

**Please attach Team Roster** (changes and additions are allowed)

*Thank you for your participation in the AFA*