

EMERALD NECKLACE GIRLS FASTPITCH SOFTBALL ASSOCIATION

CHARTER APPLICATION

DATE _____

COMMUNITY or ORGANIZATION _____

**CONTACT PERSON or
COMMUNITY REPRESENTATIVE** _____

ADDRESS _____

PHONE _____

EMAIL ADDRESS _____

Brief description of area/organization from which players will be rostered:

Please check the age level(s) at which you intend your team(s) to participate:

- 10 and under
- 12 and under
- 14 and under
- 18 and under

**Return this form with check for the \$25 charter fee payable to:
EMERALD NECKLACE GIRLS FASTPITCH SOFTBALL ASSOCIATION
21429 MASTICK ROAD
FAIRVIEW PARK, OHIO 44126**

*(This form and check may be returned directly to the association at a
General Meeting with prior notice to the Executive Committee)*