

# MAAD WORKSHEET

## 2017 Softball Team

Men's /  Women's /  COED's

Name of Team \_\_\_\_\_

**A. Team Fee** + 

|          |
|----------|
| \$300.00 |
|----------|

  
(MAAD team fee \$300)

**B. Total** = 

|  |
|--|
|  |
|--|

Make club check (no personal check) or money order out in the amount of \$300.00 and payable to "MAAD".

Send this worksheet along with the registration form and money to:

Marti Herman, MAAD Treasurer  
15017 W. 149<sup>th</sup>  
Olathe, Kansas 66062

Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

| For MAAD's Treasurer Use Only |  |
|-------------------------------|--|
| Received Date:                |  |
| Check/MO Number:              |  |
| Amount:                       |  |