



Softball Players Association

2009 SPA PLAYER EXCEPTION FORM



This form is required for individuals desiring to play in an SPA sanctioned senior softball Tournament, and do not have in their possession a valid SPA Player I.D. card.

(Please Type or Print Legibly)

Tournament Location:		Tournament Date:	
Player's Name:		Date of Birth:	
Address: _____ Street _____ City _____ State _____ Zip _____			
Telephone: _____		Drivers License/State: _____	
SPA Player #:			
Team Name & Age		Manager's Phone:	
Manager's Name:		Manager's Signature:	
Reason for not having a valid SPA Card: (please check reason)	<input type="checkbox"/> I have not applied for an SPA card	<input type="checkbox"/> My card is expired	
	<input type="checkbox"/> I have a valid card but I did not bring it	<input type="checkbox"/> My card is lost	
	<input type="checkbox"/> I have applied for a new/renewal card but have not yet received it		

I understand and agree to the following conditions:

- I am being given special one-time consideration to play in this S.P.A. event without a valid S.P.A. Player card in my possession.
- If I have a valid SPA Player Card, I agree to mail the SPA office a copy of that card within 15 days as proof of eligibility.
- If I do not have an SPA Player Card and have not applied for one, I understand and agree that I will submit \$25 now to be applied toward my SPA Player Registration. Further, I will submit a proper application with the required documentation and all remaining fees, as shown on the SPA Player Registration form, within 15 days of the signature date on this form. No card will be issued until the application package is complete.
- If my SPA Player card is expired or lost, I understand and agree that I will submit \$25 now to be applied toward my Player Registration renewal or replacement. Further, I will submit remainder of such fees with the required application and documentation within 15 days of the date on this form. No card will be issued until the application package is complete.

I understand that presenting false information on this form will result in an additional \$25 fine and suspension from future events.

Player Signature: _____ Date: _____ Balance Due: \$ _____

Tournament Official Signature: _____ Received \$25 CHECK CASH
(Individual Receiving Funds)

----- (Tear on dotted line) -----

Player Exception Receipt

Received From _____ Date: _____

Amount Received: \$ _____ Balance Due: \$ _____

Tournament Official Signature: _____ CHECK CASH

Player Signature: _____

This form is NOT an SPA Player Registration and may NOT be used as proof of registration for play.