



Championship Play
Association to Nationals

Pacific Coast Region 14

Declaration of Team Order of Finish and Continuation of Championship Play



Age Division: _____ Classification: (A, B, C) _____ ASA Association: _____

Tournament Director: _____ Phone and E-Mail: _____

Directions: Please complete the information below for all teams in order of finish. Please indicate if teams qualified for Nationals, Regionals, and if they are continuing in Championship play. Please email completed form to Linda Henry at LHenry@socal-asa.com or LindaASA@aol.com within 24 hours of completion of your Association/State tournament.

Team Name	Manager	City	Phone	Email	Qualified Nationals	Qualified Regionals	Not Continuing	Initial
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								