Softball Players Association

Snowbird Exemption Application

I hereby request to play SPA softball, for a team that is registered outside of my permanent state of residence, as shown on my driver's license. This team is not registered in a "geographically eligible state," and I understand that an exemption to play is required. I also understand that I must have and maintain a current SPA Player ID card from the state of my permanent residence, and I must have provided proof that I have resided in the state in which the team is registered ("Snowbird" state) for at least 90 consecutive days within this year. I further understand that in SPA National Championship tournaments, I will be limited to playing with only one team, and that only one Snowbird exemption is allowed per player per calendar year.

ayer's Name:		SPA ID) #
Date of Birth:	Age Group:		Year for Exemption:
Permanent Residence Add	ress:		
Permanent Residence City		State	Zip Code
Permanent Residence Phone	:	Country	
Snowbird Residence Addre	ss:		
Snowbird Residence City:		State	Zip Code
Snowbird Residence Phone:		Country	
I have been or will be living	there from:	to:	
Name of Team for which I wil	l play:		
Manager's Name:		Manager's F	Phone:
Mail my "Snowbird Exempti	on Card to (Choose one) ON	ly Snowbird Address	My Permanent Address
SPA investigation. I unde	pove information is accurate a rstand that the penalty for fals n addition to the year of the of	sifying information on t	ner agree that it may be verified by this application is player
Signature:		Date:	
Mail to: Softball Players	Association	Must include \$30	fee and new photo for card

(405)376-7035 (FAX)

P.O. Box 1307

Mustang, Oklahoma 73064 Telephone: (405)376-7034 (voice)