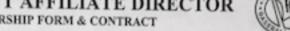


Perfect Game Baseball Association LLC

INDEPENDENT AFFILIATE DIRECTOR MEMBERSHIP FORM & CONTRACT





Member Details:	COALL ASSOCIA
Business Name Upstate Mauericks	
Contact Name Chass Nall	
Address 409 South Openfield	+ City Lyman State/Zip SC
Email: Coachwall & gmail .com	Phone 864-380-6100
Membership Details	
Period of Membership commencing on No. 12th and payable.	20 18, for which the membership fee of \$150.00 is due
	\$150.00
Per Event Affiliation Schedule	Fees of \$50 per team per event due PGBA.
PG Super 25 Events 12u and younger - \$ PG Super 25 Events 13u and older - \$50/team	50/team, NO entry fee to Super25 National Championship i, PLUS entry fee price to Super25 National Championship
I agree to purchase all baseballs used for my events the	rough the PGBA Online Director Store
Tournament General Liability Insurance Base	Plan \$7.00 per feam/per event due from "at event" director
Credit/Debit card details:	
Name on card: Chas Nall	Expiration Date 02 22
Card No. 4741 6630 0115 5333	Security Code 424
Bank Account No.	Name of Bank
Bank Routing No.	Bank Phone #
hereby authorize PGBA and/or Perfect Game Insurance	Agency to automatically debit the above account(s) for fees generated warrant that I am the rightful owner of the account(s) listed above.
Preferred account for automatic debit withdrawals	O Bank O Credit Card
automatic debit withdrawal and you will have a 48- 4ll billing is final after the 48-hour grace period. the undersigned applicant for membership, confirm I am in good physical condition and I am not a folly in PGBA's activities.	ware of any medical or other reason why I should not participate
Lunderstand that when this Form has been sig	A's Terms & Conditions before applying for membership. ned by me and by an authorised officer of PGBA, there will be a yself and incorporating PGBA's Terms & Conditions.
Signed: Clylle	Applicant 10 25 18 Date