



# FLORIDA HALF CENTURY AMATEUR SOFTBALL ASSOCIATION

01/01/2025

REPLACEMENT / UPDATED CARD

## REPLACEMENT / UPDATED CARD

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Permanent Home Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### Part Time Florida Residents complete this section

Months residing in Florida: From \_\_\_\_\_ to \_\_\_\_\_

Street Address in FL \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number, if different from above \_\_\_\_\_

Current FHC number \_\_\_\_\_ If not known, approximate year you got your card \_\_\_\_\_

#### Reason for needing a new Card:

- Lost original, same address above
- Moved to a new Area - new address is above  
old address \_\_\_\_\_

**Requesting to be Grandfathered to old area.** Explanation for why you want to be grandfathered:

- I have not been on roster for any teams in new area
- I would like to be grandfathered in so I can continue to play with my current team:  
\_\_\_\_\_

Grandfathering Requests must go through the Chairman, Mike Correa. Call 321-501-4141 to explain your situation. If approved, he will write the date here \_\_\_\_\_

Mail:

- 1. Completed form**
- 2. \$25 replacement fee** - Personal or Business Check / Money Order / Cashier's Check Payable to **Florida Half Century ASA, Inc.**
- 3. Copy of current Driver's License or proof of current residence.**

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

**TYPE OR PRINT LEGIBLY, MAIL THIS APPLICATION, PROOF OF ADDRESS AND FEE TO:**

Mike Correa

177 Tahiti Circle

Naples, FL 34113

321-501-4141