

League President's Phone Numbers
_____
Day
_____
Evening

# Little League®

## Softball

### Tournament Team Eligibility Affidavit

Please type or print all information

League ID Number(s)
_____
_____
_____
If playing in combination, enter all numbers

Year: \_\_\_\_\_

Name of League	City	State/Province	Country
Division (check one)	Level of Play (check one)		
<input type="checkbox"/> Girls Softball <input type="checkbox"/> Boys Softball	<input type="checkbox"/> 9-10-Year-Old <input type="checkbox"/> 10-11-Year-Old <input type="checkbox"/> Little League <input type="checkbox"/> Junior League <input type="checkbox"/> Senior League <input type="checkbox"/> Big League		
<i>Note: There is no Junior League division in Boys Softball.</i>			

- A. Complete:** All spaces above must be completed, as well as all spaces for each participant.
- B. Documentation:** Team manager must present this affidavit to the Tournament Director at each site. The league named above must provide a photocopy of this affidavit to be retained by the District Administrator, after it is certified by that District Administrator, or his/her authorized representative. All age and residency eligibility documentation will be required to accompany each team at all levels. This documentation will be reviewed by the tournament director at the section, state, divisional, regional and world series levels.
- C. Eligibility of Pitchers:** The team manager for the team listed herein is *solely responsible* for ensuring that any pitcher on this team who enters a game is eligible under all conditions listed in the Tournament Rules and Guidelines. *If an ineligible pitcher enters a game, it may result in forfeiture by action of the Tournament Committee in Williamsport, Pennsylvania.*
- D. Eligibility of Players:** A player may be deemed ineligible by the Tournament Committee because of a violation of Little League Rules and Regulations regarding: 1) participation in games or practices; 2) league age; 3) residence (as defined by Little League Baseball, Incorporated); or 4) participation for at least 60 percent of the regular season as an eligible player in the proper division. *If the Tournament Committee deems any player to be ineligible, it may result in forfeiture of tournament game(s), and/or removal of the team or teams in the local league from tournament play, and/or suspension or removal of personnel from further Little League activities, and/or suspension or revocation of the local league's charter.*
- E. Map of Boundaries:** This affidavit must be accompanied by a map showing the actual boundaries of the local Little League named above. The purpose of this map is for verification of residences only. The location of the residence of each participant ("residence," as defined by Little League Baseball, Incorporated) must be noted on the map, with references to the names and/or numbers of the players as listed on this affidavit. The boundaries as detailed on the map must be a physical structure (such

as a road), or a geographic feature (such as a river). The boundary line will be considered to be in the center of such structures or features, unless noted otherwise. The boundaries must not encroach on any other chartered Little League's boundaries. The map accompanying this affidavit must be signed and dated (within the current year) by the District Administrator and league president. A map depicting these same boundaries must also be on file at the Regional Center.

- F. Birth Records:** The team manager must carry photocopies (originals are not necessary) of the original birth documents that were used as verification of birth date in the preparation of this affidavit.
- G. District Administrator or Tournament Director's signature/date:** By initialing the "District Approved" box, the district administrator verifies that the information regarding this player's eligibility under all regulations (league age, residence, and participation for 60 percent of the regular season as of June 15 of the current year) have been found to be acceptable.

**NOTE:** This affidavit is not complete unless: 1) all spaces are properly completed; 2) accompanied by a boundary map (E - above); and 3) accompanied by copies of birth records for all players (F - above); 4) accompanied by eligibility waivers for any participants otherwise ineligible (Charter Committee, IId, IVh); 5) A copy of the "Statement in Lieu of Acceptable Proof of Birth" for all players who lack such acceptable proof, along with copies of all documentation used to obtain the statement. 6) accompanied by residence eligibility documentation.

***This affidavit and all accompanying documentation is not to be shared with or provided to opposing teams, media personnel or any other persons unless specifically approved in writing by the Tournament Committee in Williamsport, Pennsylvania.***

*(continued)*

## Certification by Team Manager

By my signature below, I certify that all the information contained on this affidavit is true and correct, to the best of my knowledge. I understand: 1. all of the Rules and Regulations pertaining to eligibility; 2. I am solely responsible for the eligibility of pitchers on my team; 3. if an ineligible pitcher or player participates in a game for any reason, it may result in forfeiture, and/or removal of participants, including players, manager and coaches, or the entire team named herein, from the International Tournament, by action of the Tournament Committee in Williamsport; 4. I may lodge a protest in accordance with the Tournament Rules and Guidelines, and that my team is not required to continue playing until such protest has been resolved, (A) to my satisfaction, or, (B) by the Tournament Committee in Williamsport, the decision of which shall be final and binding; 5. That I must maintain and carry all required eligibility documentation throughout all levels of play; 6. That I am fully eligible to be the manager of this tournament team, and the coaches named on this affidavit are also eligible.

**Signature of Manager** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Signature of Replacement Manager** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

(Note: temporary replacements should not sign.)

## Certification by League President and League Player Agent

We, (League President, please print) \_\_\_\_\_,

and (Player Agent, please print) \_\_\_\_\_,

have personally reviewed this affidavit, as well as all supporting documents (birth records, proof of residence as defined by Little League Baseball, Incorporated, and proof of participation), regarding the tournament team herein. We have read and understand all rules and regulations pertaining to the eligibility of all individuals named on this affidavit. By our signatures below, we certify that the names, dates of birth and residences (as defined by Little League Baseball, Incorporated) of the persons listed on this affidavit are true and correct, and have been substantiated by legal documentation that is acceptable under Little League standards, or statement in lieu thereof from Little League International Headquarters. I certify that the manager, coaches and all players on this affidavit are fully eligible under all rules and regulations. Should a controversy arise, we agree to accept the decision of the Charter Committee/Tournament Committee as final and binding.

**Signature of League President** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Signature of Player Agent** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

## Certifications by District Administrator and Ensuing Tournament Directors

By my signature below (or that of my authorized representative), I certify that the names, residences (as defined by Little League Baseball, Incorporated) and dates of birth of the persons listed on this affidavit are true and correct, and have been substantiated by legal documentation that is acceptable under Little League standards, or statement in lieu thereof from Little League International Headquarters.

**Signature of District Administrator** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Signature of Sectional Tournament Director** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Signature of State Tournament Director** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Signature of Divisional Tournament Director** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Signature of Regional Tournament Director** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

**Signature of World Series Tournament Director** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

## Player Information

**Player's name line:** This should be the child's full name, as listed on the birth document(s). If the name has been changed, then a "Statement in Lieu of Acceptable Proof of Birth" (issued by the Regional Director or District Administrator) is required for that child to be eligible.

**Address:** The address listed for each player must be inside the boundaries as detailed on the attached map (required, see "E" on previous page), unless the league has received a waiver from the Charter Committee in Williamsport, Pennsylvania, for the current year for the player in question.

**II(d)/IV(h):** If the address listed in the player's information is outside the boundaries as detailed on the attached map (required, see "E" on previous page), then that player is eligible ONLY if this affidavit is accompanied by a properly completed and acceptable Regulation II (d) Waiver Form, a Regulation IV (h) Waiver Form, or a written waiver from the Charter Committee in Williamsport, Pennsylvania, for the current year. Please mark the box to indicate that the appropriate form is attached to this affidavit.

**DOB:** Acceptable proof of birth documents are any ONE of the following: 1. Original proof of age document, if issued by federal, state or provincial registrars of vital statistics in the country in which the Little Leaguer is participating; 2. If country of participation differs from the country of proof of age document, the proof of age document must be filed, recorded, registered or issued within one (1) year of the birth of the child; 3. A government-certified copy of the original birth certificate, if the original certificate was filed, recorded, registered or issued within one (1) year of the birth of the child; 4. A document issued by a local, state, provincial, or national government authority that lists the date of birth, with reference to the location and filed, recorded, registered or issued date of the original birth certificate. (Such original birth certificate must have been filed, recorded, registered or issued within one (1) year of the birth of the child.); 5. A "Statement in Lieu of Acceptable Proof of Birth" issued by a Little League Regional Director or District Administrator. *Note: The proof of birth date documents must personally be inspected by the local Little League President, Player Agent, AND District Administrator (or his/her designated appointee).*

**Regular Season Team Code:** Place the letter associated with the team. The team noted must be a team in the proper division of this league or a team in a combination approved by the Regional Director for the level of play listed on the front page of this affidavit.

**Games Played by June 15:** If the number of games listed for the player (page 3) is less than 60 percent of those listed for the team (page 2), then the player is eligible ONLY if this affidavit is accompanied by a written waiver for the current year from the Charter Committee in Williamsport, Pennsylvania. The number must refer only to actual games played by the team (page 2) and player (page 3). **Exception:** The period during which a candidate was a member of a middle school, junior high school or high school baseball or softball team, is not to be considered in this evaluation. If this is the case, games played as a member of a school team must be noted on a separate sheet and carried with this affidavit. (See "Eligibility" in Tournament Rules and Guidelines.)

### Regular Season Team Information

Please list all regular season teams for this division

**Regular Season Team Code:** The letter associated with the team. The team noted must be a team in the proper division of this league or a team in a combination approved by the Regional Director for the level of play on the front page of this affidavit.

**Team Name:** Name as it appears on the regular season roster.

Code	Team Name	Games Played by June 15	Regular Season Games	League I.D. Number
A				
B				
C				
D				
E				
F				
G				
H				
I				
J				

## Manager/Coach Information

**Phone Number(s):** List day and evening numbers. This will assist district staff in case of game rescheduling.

### Manager/Coaches

	Name	Address, City, State/Province, Zip/Postal Code	Team code	Day Phone	Evening Phone
M					
C					
*C					

**\*NOTE:** The Tournament rule on Page T-3 (Managers and Coaches -- Managers/Coaches in the Dugout) limits the number of adults that can participate in the dugout/game. If this affidavit lists 12 or fewer players, then only two adults can be named above. See the rule for more details.

<b>LITTLE LEAGUE® TOURNAMENT AFFIDAVIT VERIFICATION CHECKLIST</b> Use the Information in gray as a key to completing the player Information. For each player check three Proof-of-Residency categories. <b>Note 1:</b> three utility bills count as only one proof of residence.		<b>Team Code</b>  <i>Games played by June 15 by this player</i>	<b>Type of Age Proof</b>  <i>Type of Waiver</i>	<b>District Admin. Approval</b>
<b>PLAYER NAME (EXAMPLE: ROBERT J. SMITH)</b> <b>ADDRESS OF PARENT OR LEGAL GUARDIAN</b> (EXAMPLE: 123 MAIN STREET ANYTOWN, ANY STATE 55555) <b>BIRTHDATE (MM/DD/YY)</b> ___ YES ___ No	<b>Team Code</b>  <i>Games Played</i>	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Initials  Date App.	
<b>1.</b>  <b>ADDRESS INSIDE MAP?</b> YES ___ No ___	<b>Team Code</b>  <i>Games Played</i>	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Initials  Date App.	
<b>2.</b>  <b>ADDRESS INSIDE MAP?</b> YES ___ No ___	<b>Team Code</b>  <i>Games Played</i>	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Initials  Date App.	
<b>3.</b>  <b>ADDRESS INSIDE MAP?</b> YES ___ No ___	<b>Team Code</b>  <i>Games Played</i>	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Initials  Date App.	
<b>4.</b>  <b>ADDRESS INSIDE MAP?</b> YES ___ No ___	<b>Team Code</b>  <i>Games Played</i>	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Initials  Date App.	
<b>5.</b>  <b>ADDRESS INSIDE MAP?</b> YES ___ No ___	<b>Team Code</b>  <i>Games Played</i>	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Initials  Date App.	
<b>6.</b>  <b>ADDRESS INSIDE MAP?</b> YES ___ No ___	<b>Team Code</b>  <i>Games Played</i>	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Initials  Date App.	
<b>7.</b>  <b>ADDRESS INSIDE MAP?</b> YES ___ No ___	<b>Team Code</b>  <i>Games Played</i>	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Initials  Date App.	

8.		<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents <input type="checkbox"/> Medical records <input type="checkbox"/> Military records <input type="checkbox"/> Internet, cable or satellite records <input type="checkbox"/> Vehicle records <input type="checkbox"/> Employment records	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lien Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	<input type="checkbox"/> Games Played <input type="checkbox"/> Date App.	<input type="checkbox"/> Initials
9.	<input type="checkbox"/> ADDRESS INSIDE MAP? <input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents <input type="checkbox"/> Medical records <input type="checkbox"/> Military records <input type="checkbox"/> Internet, cable or satellite records <input type="checkbox"/> Vehicle records <input type="checkbox"/> Employment records	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lien Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	<input type="checkbox"/> Games Played <input type="checkbox"/> Date App.	<input type="checkbox"/> Initials
10.	<input type="checkbox"/> ADDRESS INSIDE MAP? <input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents <input type="checkbox"/> Medical records <input type="checkbox"/> Military records <input type="checkbox"/> Internet, cable or satellite records <input type="checkbox"/> Vehicle records <input type="checkbox"/> Employment records	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lien Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	<input type="checkbox"/> Games Played <input type="checkbox"/> Date App.	<input type="checkbox"/> Initials
11.	<input type="checkbox"/> ADDRESS INSIDE MAP? <input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents <input type="checkbox"/> Medical records <input type="checkbox"/> Military records <input type="checkbox"/> Internet, cable or satellite records <input type="checkbox"/> Vehicle records <input type="checkbox"/> Employment records	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lien Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	<input type="checkbox"/> Games Played <input type="checkbox"/> Date App.	<input type="checkbox"/> Initials
12.	<input type="checkbox"/> ADDRESS INSIDE MAP? <input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents <input type="checkbox"/> Medical records <input type="checkbox"/> Military records <input type="checkbox"/> Internet, cable or satellite records <input type="checkbox"/> Vehicle records <input type="checkbox"/> Employment records	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lien Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	<input type="checkbox"/> Games Played <input type="checkbox"/> Date App.	<input type="checkbox"/> Initials
13.	<input type="checkbox"/> ADDRESS INSIDE MAP? <input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents <input type="checkbox"/> Medical records <input type="checkbox"/> Military records <input type="checkbox"/> Internet, cable or satellite records <input type="checkbox"/> Vehicle records <input type="checkbox"/> Employment records	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lien Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	<input type="checkbox"/> Games Played <input type="checkbox"/> Date App.	<input type="checkbox"/> Initials
14.	<input type="checkbox"/> ADDRESS INSIDE MAP? <input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents <input type="checkbox"/> Medical records <input type="checkbox"/> Military records <input type="checkbox"/> Internet, cable or satellite records <input type="checkbox"/> Vehicle records <input type="checkbox"/> Employment records	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lien Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	<input type="checkbox"/> Games Played <input type="checkbox"/> Date App.	<input type="checkbox"/> Initials
15.	<input type="checkbox"/> ADDRESS INSIDE MAP? <input type="checkbox"/> YES <input type="checkbox"/> No	<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents <input type="checkbox"/> Medical records <input type="checkbox"/> Military records <input type="checkbox"/> Internet, cable or satellite records <input type="checkbox"/> Vehicle records <input type="checkbox"/> Employment records	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lien Statement <input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	<input type="checkbox"/> Games Played <input type="checkbox"/> Date App.	<input type="checkbox"/> Initials

Big League Only

## Player Replacement

The spaces below are to be used for replacement of players. Such replacements MUST be permanent only. When a player is replaced, his/her original space should be marked with a HEAVY black line. Once a player on the original affidavit is replaced, he/she cannot return to the team. Exceptions can only be made in writing by the Tournament Committee in Williamsport, Pennsylvania.

PLAYER NAME	<b>ROSTERED PLAYERS AND REPLACEMENT PLAYERS</b>		Team Code	Type of Age Proof	District Admin. Approval
ADDRESS OF PARENT OR LEGAL GUARDIAN	Use the spaces below for additional rostered players or to replace players removed from the roster. Such replacements MUST be permanent only. When a player is replaced, his/her original space should be marked with a HEAVY black line. Once a player on the original affidavit is replaced, he/she cannot return to the team. Exceptions can only be made in writing by the Tournament Committee in Williamsport, Pennsylvania.		Games played by June 15 by this player	Type of Waiver	
BIRTHDATE (MM/DD/YY)	ADDRESS INSIDE MAP? Yes ___ No ___				
16.		<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents	Team Code	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement	Initials
		<input type="checkbox"/> Medical records <input type="checkbox"/> Military records <input type="checkbox"/> Internet, cable or satellite records <input type="checkbox"/> Vehicle records <input type="checkbox"/> Employment records	Games Played	<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App.
		<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents	Team Code	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement	Initials
17.		<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents	Games Played	<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App.
		<input type="checkbox"/> Medical records <input type="checkbox"/> Military records <input type="checkbox"/> Internet, cable or satellite records <input type="checkbox"/> Vehicle records <input type="checkbox"/> Employment records	Team Code	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement	Initials
18.		<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents	Games Played	<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App.
		<input type="checkbox"/> Medical records <input type="checkbox"/> Military records <input type="checkbox"/> Internet, cable or satellite records <input type="checkbox"/> Vehicle records <input type="checkbox"/> Employment records	Team Code	<input type="checkbox"/> Board of Health <input type="checkbox"/> Federal/Military <input type="checkbox"/> In-Lieu Statement	Initials
		<input type="checkbox"/> Driver's License <input type="checkbox"/> Voter's Registration <input type="checkbox"/> School records <input type="checkbox"/> Welfare/child care records <input type="checkbox"/> Federal records <input type="checkbox"/> State records <input type="checkbox"/> Local (municipal) records <input type="checkbox"/> Support payment records <input type="checkbox"/> Homeowner/tenant records <input type="checkbox"/> Utility bills <input type="checkbox"/> Financial records <input type="checkbox"/> Insurance documents	Games Played	<input type="checkbox"/> Reg. II(d) <input type="checkbox"/> Reg. IV(h) <input type="checkbox"/> Charter Committee	Date App.

## Manager/Coach Replacement

Temporary replacement (single game only) of a manager/coach should not be entered.

The replacement spaces below are to be used for permanent replacements only.

Name	Address, City, State/Province, Zip/Postal Code	Team code	Day Phone	Evening Phone
M				
C				
C				



