

League President's
Phone Numbers

(Day)

(Night)

Little League Baseball, Incorporated®

Tournament Team Eligibility Affidavit

Please Type or Print All information
Year _____

League ID Number(s)

If playing in combination,
enter both ID Numbers

(Name of League)

(City)

(State)

Division (Check One)	<input type="checkbox"/> Baseball	Level (Check One)	<input type="checkbox"/> 9-10 Year Old	<input type="checkbox"/> Senior League
	<input type="checkbox"/> Softball		<input type="checkbox"/> Little League	<input type="checkbox"/> Big League
			<input type="checkbox"/> Junior League	

NAME OF PLAYER	STREET ADDRESS	CITY	STATE	ZIP	NAME OF REGULAR SEASON TEAM	DATE OF BIRTH Month-Day-Year
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						

USE THE SPACE BELOW ONLY FOR BIG LEAGUE BASEBALL OR BIGLEAGUE SOFTBALL

15.						
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Name of (A) Manager, (B) & (C) Coaches	STREET ADDRESS	CITY	STATE	ZIP	Daytime Telephone	NAME OF REGULAR SEASON TEAM
A.						
B.						
C.						

IMPORTANT No more than 14 players (15 for Big League), a manager and 2 coaches shall be listed or accompany team.

League President's Certification

By my signature below, I 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 or statement in lieu thereof from Little League International Headquarters. I further certify that all the players, manager and coaches listed have participated in the division noted for at least one-half of the regular season. I agree to accept the decision of the Charter Committee/Tournament Committee as final and binding. Whatever controversies remaining shall be decided by the Tournament Committee at a meeting with both parties present in Williamsport, PA.

League President's Name _____ Signature _____ Date _____

District Administrator's Certification

By my signature below, I certify that the names and dates of birth of the players listed on this affidavit are true and correct, and have been substantiated by legal documentation or by statement in lieu thereof from Little League International Headquarters.

Name (please print) State/District Number Signature

One copy - Manager; One copy - District Administrator; One copy - League President

