



# BASEBALL



## APPLICATION FOR SANCTION

**This form must be postmarked by April 15th (Ages 5 thru 12), or by June 15th (Ages 13 thru 19)**

Date: \_\_\_\_\_

**ATTENTION LEAGUE OFFICIAL:** MAIL 2 (TWO) COPIES OF THIS APPLICATION WITH PROPER FEES TO THE STATE DIRECTOR.

**ATTENTION STATE DIRECTOR:** APPROVE & SIGN THIS APPLICATION AND SEND 1 (ONE) COPY TO THE COMMISSIONER AND 1 (ONE) COPY (WITH THE PROPER FEES) TO THE STATE TREASURER / SECRETARY.

**ATTENTION STATE SECRETARY:** MAIL 1 (ONE) COPY (WITH THE PROPER FEES) TO THE NATIONAL TREASURER: P. O. BOX 24, CASSVILLE, GA 30123 BEFORE JULY 1 OF THE CURRENT YEAR.

Our league \_\_\_\_\_ herewith applies for membership in DIZZY DEAN BASEBALL, INC. for the (year) \_\_\_\_\_ season.

Enclosed is check/money order in the amount of \$ \_\_\_\_\_ to cover fees for teams and leagues as indicated below.

**\* No more than 1 (one) Age Group per Sanction Form. \***

CHECK APPROPRIATE AGE DIVISION	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 11	<input type="checkbox"/> 13	<input type="checkbox"/> 15	<input type="checkbox"/> 17-19
	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 16	<input type="checkbox"/> DOUBLE

Farm League:	Ages 5 - 6	_____	Teams @ \$15.00 = \$ _____
Farm League:	Ages 7 - 8	_____	Teams @ \$15.00 = \$ _____
Minor League:	Ages 9 - 10	_____	Teams @ \$15.00 = \$ _____
Freshman League:	Ages 11 - 12	_____	Teams @ \$15.00 = \$ _____
Sophomore League:	Ages 13 - 14	_____	Teams @ \$15.00 = \$ _____
Junior League:	Ages 15 - 16	_____	Teams @ \$15.00 = \$ _____
Senior League:	Ages 17 - 19	_____	Teams @ \$15.00 = \$ _____
Double Franchise:	Ages 13 - 16	_____	Teams @ \$30.00 = \$ _____
Double Franchise:	Ages 15 - 19	_____	Teams @ \$30.00 = \$ _____

We, the undersigned, authorized officers of said league agree that in the granting of this sanction, we shall abide by the Rules and Regulations of DIZZY DEAN BASEBALL, INC.

League Contact: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Email: \_\_\_\_\_

President: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Email: \_\_\_\_\_

Secretary/Treasurer: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Email: \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Authorized Officer

Attach each "Team Certificate of Entry" for this Age Group. In the event that the Rosters are not ready, attach a list of teams in this Age Group and mail the rosters later. \* DO NOT HOLD UP THIS FORM \*

**PLEASE MAKE ALL CHECKS / MONEY ORDERS PAYABLE TO: DIZZY DEAN BASEBALL, INC.**