



BASEBALL



TEAM CERTIFICATE OF ENTRY (Please Type or Print)

NO PLAYER WILL BE ELIGIBLE FOR A TOURNAMENT TEAM UNLESS HIS/HER NAME APPEARS ON THIS FORM AND 1 (ONE) COPY MAILED TO THE STATE DIRECTOR BY:

April 15th (ages 5 thru 12), JUNE 15th (ages 13 thru 19)

CHECK	<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
APPROPRIATE	<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
AGE DIVISION							

Name of League: _____ Team Name: _____ Date: _____
 City: _____ State: _____ Zip: _____

	PLAYER'S NAME:	STREET ADDRESS:	CITY:	ST:	ZIP:	D. O. B.
1						
2						
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18						

MANAGER: _____ Email: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

COACH: _____ Email: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

COACH: _____ Email: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

COACH: _____ Email: _____ Address: _____
 City: _____ State: _____ Zip: _____ Phone: _____

WE AGREE TO COMPLY WITH ALL RULES AND REGULATIONS OUTLINED IN THE OFFICIAL DIZZY DEAN BASEBALL RULE BOOK.

League President or Officer Signature: _____ Date: _____