



GC: HBALL



APPLICATION FOR SANCTION

This form must be postmarked by April 15th (Ages 5 thru 12), or by June 1st (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 & ' 1 ' ° · ŽŽ 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

T-Ball League:	Ages 5 ±\$ (±\$ μ _____	Teams @ \$15.00 = \$ _____
Farm League:	Ages 8 ±\$ (±\$ μ _____	Teams @ \$15.00 = \$ _____
Minor League:	Ages 10 ±\$ (±\$ μ _____	Teams @ \$15.00 = \$ _____
Freshman League:	Ages 2 ±\$ (±\$ μ _____	Teams @ \$15.00 = \$ _____
Sophomore League:	Ages 14 ±\$ (±\$ μ _____	Teams @ \$15.00 = \$ _____
Junior League:	Ages 16 ±\$ (±\$ μ _____	Teams @ \$15.00 = \$ _____
Senior League:	Ages 19 ±\$ (±\$ μ _____	Teams @ \$15.00 = \$ _____
Double Franchise:	Ages 16 ±\$ (±\$ μ _____	Teams @ \$30.00 = \$ _____
Double Franchise:	Ages 19 ±\$ (±\$ μ _____	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 & ' 1 ' ° · ŽŽ

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 & ' 1 ' ° · ŽŽ