



# SOFTBALL



## APPLICATION FOR SANCTION

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

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

Our league \_\_\_\_\_ herewith applies for membership in DIZZY DEAN SOFTBALL.  
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:	6 and Under	_____	Teams @ \$15.00 = \$ _____
Farm League:	8 and Under	_____	Teams @ \$15.00 = \$ _____
Minor League:	10 and Under	_____	Teams @ \$15.00 = \$ _____
Freshman League:	12 and Under	_____	Teams @ \$15.00 = \$ _____
Sophomore League:	14 and Under	_____	Teams @ \$15.00 = \$ _____
Junior League:	16 and Under	_____	Teams @ \$15.00 = \$ _____
Senior League:	19 and Under	_____	Teams @ \$15.00 = \$ _____
Double Franchise:	16 and Under	_____	Teams @ \$30.00 = \$ _____
Double Franchise:	19 and Under	_____	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 SOFTBALL.

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: \_\_\_\_\_

\* Player Agent: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_ Email: \_\_\_\_\_

**\* PLAYER AGENT AND CONTACT INFORMATION MUST BE SUPPLIED.**

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 SOFTBALL.**