

DISTRICT 2 SOFTBALL TOURNAMENT OF CHAMPIONS AFFIDAVIT

League Identification number _____
 League President _____
 League Name _____
 Address _____
 City _____ State _____ Zip _____

PLEASE CHECK LEVEL OF PLAY

Baseball Softball
 Minor 9 – 10 Division
 Major 11 -12 Division

PLEASE TYPE OR PRINT ALL INFORMATION

Present this form to the Tournament Director prior to your first tournament game.

NAME OF PLAYER	STREET ADDRESS	CITY, STATE, ZIP	PLEASE MARK M/F	BIRTHDATE MO DAY YEAR			LEAGUE AGE
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

MANAGER AND COACHES	STREET ADDRESS	CITY,	STATE	ZIP
M				
C				
C				

TEAM NAME _____

I hereby certify the above listed team information is accurate and rostered with Little League Baseball Inc.

PRESIDENT SIGNATURE _____ **DATE** _____

