

Jr Boys (Age 13) **Boys (Ages 13-14)**
DBB, INC.

15U (Ages 13-15)
DBB, INC.

Pre Majors (Ages 15-17) **Majors (Ages 15-19)**

OFFICE OF THE COMMISSIONER
P.O. Box 604, DeQuincy, Louisiana 70633

THIS SHEET MUST BE TURNED IN TO OFFICIAL SCOREKEEPER... MUST BE TYPED OR PRINTED
 District Director must mail a copy of affidavit of ALL TOURNAMENT TEAMS in his district to National Office and State Director before the date of the first tournament game. District Director also to maintain copy.

TOURNAMENT TEAM ELIGIBILITY AFFIDAVIT

REQUIRED

(Franchise Number)

CREDENTIALS COMMITTEE CERTIFICATION

We the undersigned members of the Credentials Committee certify that we have personally inspected the birth records recorded hereon and have found all in accord with eligibility rules of DBB, Inc.

1. _____
2. _____
3. _____

We also certify that the insurance, player eligibility and background check requirements are in accordance with the DBB, Inc. Rulebook
 Same three Committee Members MUST sign all forms

Name of League: _____ **City:** _____ **State:** _____ **Zip:** _____
 -NAMES SHOWN BELOW MUST CONFORM TO BIRTH RECORDS-

EXAMPLE: Samuel Matthew Smith	1201 Main Street	Centerville	35555	February 28, 1999	Braves
FULL NAME (AS IT APPEARS ON BIRTH RECORD)	MAILING ADDRESS	CITY	ZIP CODE	DATE OF BIRTH <small>(write out completely)</small>	SEASON TEAM
1.				,	
2.				,	
3.				,	
4.				,	
5.				,	
6.				,	
7.				,	
8.				,	
9.				,	
10.				,	
11.				,	
12.				,	
13.				,	
14.				,	
15.				,	
16.				,	
17.				,	
18.				,	

Name of Manager and Coaches	Mailing Address	Telephone Numbers	Regular Season Team Name
1. _____ Manager	_____	() ____ - ____	_____
2. _____ Coach	_____	() ____ - ____	_____
3. _____ Coach	_____	() ____ - ____	_____
4. _____ Coach	_____	() ____ - ____	_____

1. I hereby certify that the dates of birth of the fifteen or eighteen (Junior Boys, Boys, 15U, Pre Majors or Majors) players listed above are correct and have been substantiated by Birth Certificates examined by me.
2. I further certify that the players listed above reside within the League's boundaries as set forth in the **DBB Rules** and have played in scheduled games in accordance with the **TOURNAMENT REGULATIONS**.
3. **I certify that all coaches have successfully completed a background check and are eligible to coach.** I have carefully read Page #2 of this affidavit and have complied with the requirement to submit information as requested.

I certify that information is correct as listed: Check Box: () League President or Representative (Signature) _____ League Contact Phone () ____ - ____
 Street Address _____ City _____ State/Zip _____ Email Address _____

