20	STATE:	DISTRICT	·	*MARK the appro	priate DIVISION BOX on the rov	v below!
DBB, INC.  OFFICE OF THE COMMISSIO  P.O. Box 604, DeQuincy, Louisiana  THIS SHEET MUST BE TURNED IN TO C SCOREKEEPER MUST BE TYPED OR D District Director must mail a copy of affidavit of TOURNAMENT TEAMS in his district to Nati and State Director before the date of the first to game. District Director also to maintain copy.	70633 DEFICIAL PRINTED f ALL onal Office	DBB, INC.  MENT TEAM ELIGIBILITY  REQUIRED  (Franchise Number)		We the unders have personall all in accord w 1 2 3 We also cer	Majors NTIALS COMMITTEE Cligned members of the Credentials C y inspected the birth records recorde ith eligibility rules of DBB, Inc.  Tify that the insurance, player eligirements are in accordance with the Same three Committee Members MUST si	ommittee certify that we d hereon and have found distributed by the control of th
Name of League:	City		State:		Zip:	
		OWN BELOW MUST CONFOR				_
EXAMPLE: Samuel Matthew		1201 Main Street	Centerville	35555	February 28, 1999  OF PLETI	Braves
FULL NAME (AS IT APPEARS ON BIR	TH RECORD)	MAILING ADDRESS	CITY	ZIP CODE	DATE OF BIRTH (write out completely	
1.					,	
<u>2.</u> 3.					,	
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Name of Manager and Coaches		Mailing Address		Tele	phone Numbers Regu	ılar Season Team Name
1				(	_)	
Manager					`	
2				(	_)	
3				(	) -	
Coach					_/	
4				(	)	
Coach				, , , , , , , , , , , , , , , , , , , ,		
<ol> <li>I hereby certify that the dates of birth of the</li> <li>I further certify that the players listed above</li> <li>I certify that all coaches have successfully</li> </ol>	reside within the League's boundarie	es as set forth in the DBB Rules and have playe	d in scheduled games	in accordance with t	ne TOURNAMENT REGULATIO	ONS.
I certify that information is correct as listed: C	heck Box: ( ) League Pre	sident or Representative (Signature)_			League Contact Ph	one ()
Street Address	City	State/Zip		Ema	il Address	

D // A A GOL Y A .	TATEODE AND.	DEAD CADEELILIA	AND DECLIDE TO	COMPLY OF VOUR TOURN	A RATERIO OPERA RATERITA DES ENTESE EXCEDENTES
Page #2 Affidavit	IMPUKTANT:	KRADUAKEFULLY	AND BE SUKE TU	COMPLY OR YOUR TOURN.	AMENT TEAM WILL BE INELIGIBLE

All tournament affidavits must be turned in to the District Director at the credentials meeting of tournament teams. The District Director is responsible for mailing a copy to the State Director and another copy to the Office of the Commissioner before the first tournament game. The original will be carried by the manager of the tournament team and must be presented to the Tournament Director of each tournament along with the birth records of each player. All corrections must be made on all copies of the affidavits before they are mailed to the State Director or the Commissioner. Another copy of the affidavit is to be retained by the District Director. Read and Know Your Rules. \*

## TOURNAMENT PITCHER'S RECORD

	Team Name	<b>Tournament Division</b>

Date of Game	Time Pitcher Left Mound	Name of Pitcher and Uniform #	# of Innings Pitched	**Number of Pitches Thrown	Signature of Official Scorer	Signature of Opposing Manager or Tournament Director	Signature of Team Manage
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