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|  **20**\_\_\_\_\_ **STATE:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT:**  **\_\_\_\_ \*MARK the appropriate DIVISION BOX on the row below!** |
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| [x]  **Jr Boys (Age 13)** [x]  **Boys (Ages 13-14)** | [x]  **15U (Ages 13-15)** | [x]  **Pre Majors (Ages 15-17)** | [x]  **Majors (Ages 15-19)** |
|  **DBB, INC.** **OFFICE OF THE COMMISSIONER** **P.O. Box 604, DeQuincy, Louisiana 70633** THIS SHEET MUST BE TURNED IN TO OFFICIAL SCOREKEEPER… MUST BE TYPED OR PRINTEDDistrict Director must mail a copy of affidavit of ALLTOURNAMENT TEAMS in his district to National Officeand State Director before the date of the first tournamentgame. District Director also to maintain copy. | **DBB, INC.****TOURNAMENT TEAM ELIGIBILITY AFFIDAVIT**

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| ***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****:** |
| **– N A M E S S H O W N B E L O W M U S T C O N F O R M T O B I R T H R E C O R D S –** |
|  |
| **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** |

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| **DATE OF BIRTH** | (write out completely) |

 | **SEASON TEAM** |
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| **Name of Manager and Coaches** | **Mailing Address** | **Telephone Numbers** | **Regular Season Team Name** |
| 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Manager** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (\_\_\_)\_\_\_-\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Coach** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (\_\_\_)\_\_\_-\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Coach** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (\_\_\_)\_\_\_-\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Coach** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | (\_\_\_)\_\_\_-\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| 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.  |
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| *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  |
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| **Page #2 Affidavit IMPORTANT: READ CAREFULLY AND BE SURE TO COMPLY OR YOUR TOURNAMENT 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. **\*** |
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| **TOURNAMENT PITCHER’S RECORD** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Team Name Tournament Division** The record of each pitcher used in a tournament game shall be entered below. The record must be completed immediately following each game as the eligibility of each pitcher will be determined by it. |
|  |  |  |  |  |  |  |  |
| **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 Manager** |
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