	STATE OF	DISTRICT	2024	*Check the a	appropriate box as found in nex	t columns!		
Junior Boys (Age 13 yr. old)	Boys (Age 13-14	4) <u>15U</u> P	re-Majors (Age 15-	16-17)	Majors (Age 15	-19)		
DBB, INC. OFFICE OF THE COMMISSIONER P.O. Box 604, DeQuincy, Louisiana 70633 THIS SHEET MUST BE TURNED IN TO OFFICIAL	TOURNAMENI	DBB, INC. <u>TTEAM ELIGIBILI</u> <u>REQUIRED</u>	FY AFFIDAVIT	We the undersigned have personally insp	ALS COMMITTEE CER members of the Credentials Com pected the birth records recorded h igibility rules of Boys/Majors Ba	mittee certify that we hereon and have found		
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		(Certificate of Franchise No.)			hat the insurance, player eligibil ments are in accordance with th			
game- District Director also to maintain copy.				San	e three Committee Members MUST sign a			
Name of League	City		State	Zip				
-NAMES SHOWN BELOW MUST CONFORM TO BIRTH RECORDS-								
EXAMPLE: Samuel Matthew Smith	1	201 Main Street	Centerville	35555	February 28, 1999	Braves		

Т

FULL NAME (AS IT APPEARS ON BIRTH RECOR	2D)	MAILING ADDRESS	CITY	ZIP CODE	DATE OF BIRTH	(write out ompletely)	SEASON TEAM
1.					,		
2.					,		
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17.					•		
18.					•		
Name of Manager and Coaches		Mailing Address		Tele	ephone 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 or 15U/Pre Majors/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		

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. *

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 & Uniform #	# of Innings <u>Pitched</u>	**Number of Pitches Thrown	Signature of Official Scorer	Signature of Opposing Manager or Tournament Director	Signature of Team Manager
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