

Junior Dixie Boys (Age 13 yr old)
DIXIE BOYS BASEBALL, INC.
OFFICE OF THE COMMISSIONER
P.O. Box 8263, Dothan, Alabama 36304

Dixie Boys (Age 13-14)

Dixie Pre-Majors (Age 15-16)

Dixie Majors (15-19 Age)

DIXIE BOYS BASEBALL, INC.
TOURNAMENT TEAM ELIGIBILITY AFFIDAVIT

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 Dixie Boys/Majors Baseball, Inc.

1. _____
2. _____
3. _____

We also certify that the insurance and player eligibility requirements have been met as in accordance with the 2010-11 Rule Book.
 Same three Committee Members MUST sign all forms.

REQUIRED

 (Certificate of Franchise No.)

Name of League _____ **City** _____ **State** _____ **Zip** _____

- NAMES SHOWN BELOW MUST CONFORM TO BIRTH RECORDS -

FULL NAME (AS IT APPEARS ON BIRTH RECORD)	MAILING ADDRESS	CITY	ZIP CODE	DATE OF BIRTH <small>(write out completely)</small>	SEASON TEAM
EXAMPLE: Samuel Matthew Smith	1201 Main Street	Centerville	35555	February 28, 1999	Braves
1.				, 19	
2.				, 19	
3.				, 19	
4.				, 19	
5.				, 19	
6.				, 19	
7.				, 19	
8.				, 19	
9.				, 19	
10.				, 19	
11.				, 19	
12.				, 19	
13.				, 19	
14.				, 19	
15.				, 19	
16.				, 19	
17.				, 19	
18.				, 19	

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

1. I hereby certify that the dates of birth of the **thirteen or eighteen (Junior/ Dixie Boys or 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 **Dixie Boys Baseball Rules** and have played in scheduled games in accordance with the **TOURNAMENT REGULATIONS**.

League Official Certify by Checking Box: () (* Notary No longer required) League Contact Phone () ____ - ____ League President or Representative (Signature) _____
 Street Address _____ City _____ State _____ Zip _____

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. *

