



BASEBALL



APPLICATION FOR SANCTION

This form must be postmarked by April 15th (Ages 5 thru 12), or by June 15th (Ages 13 thru 19)

Date: _____

Our league _____ herewith applies for membership in DIZZY DEAN BASEBALL, INC.
for the (year) _____ season.

Enclosed is check/money order in the amount of \$ _____ to cover fees for teams and leagues as indicated below.

*** No more than 1 (one) Age Group per Sanction Form. ***

CHECK APPROPRIATE AGE DIVISION	<input type="checkbox"/> 5	<input type="checkbox"/> 7	<input type="checkbox"/> 9	<input type="checkbox"/> 11	<input type="checkbox"/> 13	<input type="checkbox"/> 15	<input type="checkbox"/> 17-19
	<input type="checkbox"/> 6	<input type="checkbox"/> 8	<input type="checkbox"/> 10	<input type="checkbox"/> 12	<input type="checkbox"/> 14	<input type="checkbox"/> 16	<input type="checkbox"/> DOUBLE

Farm League:	Ages 5 - 6	_____	Teams @ \$15.00 = \$ _____
Farm League:	Ages 7 - 8	_____	Teams @ \$15.00 = \$ _____
Minor League:	Ages 9 - 10	_____	Teams @ \$15.00 = \$ _____
Freshman League:	Ages 11 - 12	_____	Teams @ \$15.00 = \$ _____
Sophomore League:	Ages 13 - 14	_____	Teams @ \$15.00 = \$ _____
Junior League:	Ages 15 - 16	_____	Teams @ \$15.00 = \$ _____
Senior League:	Ages 17 - 19	_____	Teams @ \$15.00 = \$ _____
Double Franchise:	Ages 13 - 16	_____	Teams @ \$30.00 = \$ _____
Double Franchise:	Ages 15 - 19	_____	Teams @ \$30.00 = \$ _____

We, the undersigned, authorized officers of said league agree that in the granting of this sanction, we shall abide by the Rules and Regulations of DIZZY DEAN BASEBALL, INC.

League Contact: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone #1: _____ Phone #2: _____ Email: _____

President: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone #1: _____ Phone #2: _____ Email: _____

Secretary/Treasurer: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone #1: _____ Phone #2: _____ Email: _____

* Player Agent: _____ Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone #1: _____ Phone #2: _____ Email: _____

*** PLAYER AGENT AND CONTACT INFORMATION MUST BE SUPPLIED.**

DATE: _____

SIGNED: _____

Authorized Officer

Attach each "Team Certificate of Entry" for this Age Group. In the event that the Rosters are not ready, attach a list of teams in this Age Group and mail the rosters later. *** DO NOT HOLD UP THIS FORM ***

PLEASE MAKE ALL CHECKS / MONEY ORDERS PAYABLE TO: DIZZY DEAN BASEBALL, INC.