



GC: HBALL



TEAM CERTIFICATE OF ENTRY (Please Type or Print)

NO PLAYER WILL BE ELIGIBLE FOR A TOURNAMENT TEAM UNLESS HER NAME APPEARS ON THIS FORM AND 1 (ONE) " " #, MAILED TO THE STATE DIRECTOR AND 1 (ONE) COPY MAILED TO THE NATIONAL COMMISSIONER BY:
April 15th (ages 5 thru 12), JUNE 1st (ages 13 thru 19)

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

Name of League: _____ Team Name: _____ Date: _____
City: _____ State: _____ Zip: _____

	PLAYER'S NAME:	STREET ADDRESS:	CITY:	ST:	ZIP:	D. O. B.
1						
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MANAGER: _____	Email: _____	Address: _____
City: _____	State: _____ Zip: _____	Phone: _____
COACH: _____	Email: _____	Address: _____
City: _____	State: _____ Zip: _____	Phone: _____
COACH: _____	Email: _____	Address: _____
City: _____	State: _____ Zip: _____	Phone: _____
COACH: _____	Email: _____	Address: _____
City: _____	State: _____ Zip: _____	Phone: _____

WE AGREE TO COMPLY WITH ALL RULES AND REGULATIONS OUTLINED IN THE OFFICIAL DIZZY DEAN & '1' BALL RULE BOOK.

League President or Officer Signature: _____ Date: _____