



# TOURNAMENT OF CHAMPIONS TEAM AFFIDAVIT

Two (2) copies must be prepared and certified by the D.A. or  
tournament director before the first game

\_\_\_\_\_  
League Name

\_\_\_\_\_  
Team Name

**Name of Player**

**Date of Birth**

**League  
Age**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
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### LEVEL OF PLAY

Baseball

Softball

MANAGER \_\_\_\_\_

COACH \_\_\_\_\_

COACH \_\_\_\_\_

Minors

Majors

Juniors

Minors

Majors

Juniors

LEAGUE PRESIDENT'S CERTIFICATION: I certify that the Names & Birth Dates of the players listed  
on this affidavit are correct and have played during the regular season for the team named above.

\_\_\_\_\_  
President

\_\_\_\_\_  
D.A. / Tournament Director

