



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. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____

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

