



Dizzy Dean Baseball Incorporated



TEAM CERTIFICATE OF ENTRY (Please Type or Print)

Copy to: National Commissioner
National Director
State Director
Coach

Date _____

NO PLAYER WILL BE ELIGIBLE FOR A TOURNAMENT TEAM UNLESS HIS NAME APPEARS ON THIS FORM AND 1 COPY MAILED TO THE STATE DIRECTOR AND 1 COPY MAILED TO THE NATIONAL COMMISSIONER BY MAY 20TH (ages 5 thru 12), JUNE 1st (ages 13-19 and High School)

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

NAME OF LEAGUE	TEAM NAME	CITY	DATE	ZIP
----------------	-----------	------	------	-----

PLAYER'S NAME	STREET ADDRESS	CITY	STATE	DATE OF BIRTH
1.				/ /
2.				/ /
3.				/ /
4.				/ /
5.				/ /
6.				/ /
7.				/ /
8.				/ /
9.				/ /
10.				/ /
11.				/ /
12.				/ /
13.				/ /
14.				/ /
15.				/ /
16.				/ /
17.				/ /
18.				/ /
19.				/ /
20.				/ /
21.				/ /
22.				/ /
23.				/ /
24.				/ /
25.				/ /

MANAGER	MAILING ADDRESS	CITY	STATE	ZIP	PHONE
COACH	MAILING ADDRESS	CITY	STATE	ZIP	PHONE
COACH	MAILING ADDRESS	CITY	STATE	ZIP	PHONE
COACH	MAILING ADDRESS	CITY	STATE	ZIP	PHONE

**WE AGREE TO COMPLY WITH ALL RULES AND REGULATIONS OUTLINED IN THE
OFFICIAL DIZZY DEAN BASEBALL RULE BOOK.**

(Signed) _____
League President or Officer

Date _____
Rev 11/02 TCBB