

STATE OF _____	DISTRICT _____	YEAR _____
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TOURNAMENT TEAM ELIGIBILITY AFFIDAVIT

Refer to the current Dixie Softball Rule Guide for the names and addresses of National Commissioners. NOTE: Remember to make sure that the commissioner receiving this form is the commissioner for the proper playing division and style of play.

THIS SHEET MUST BE TURNED IN TO OFFICIAL SCOREKEEPER...MUST BE TYPED OR PRINTED

CREDENTIALS COMMITTEE CERTIFICATION

We, the undersigned members of the Credentials Committee certify that we have personally inspected the birth records recorded hereon and have found all in accord with eligibility rules of Dixie Softball, Inc.

1. _____
 2. _____
 3. _____

(Affidavits of a particular Division must be signed by the same three Committee Members.)

(Name of League)	S- (Franchise Number)	(City)	(State)	(Zip)
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SWEETEEES TRADITIONAL
 SWEETEEES X-PLAY
 DARLINGS
 ANGELS TRADITIONAL
 ANGELS X-PLAY
 PONYTAILS TRADITIONAL
 PONYTAILS X-PLAY
 BELLES
 DEBS

NAMES SHOWN BELOW MUST CONFORM TO BIRTH RECORDS

	FULL NAME OF PLAYER <small>(As Appears on Birth Record)</small>	COMPLETE MAILING ADDRESS <small>(Physical Address, No P. O. Boxes)</small>	DATE OF BIRTH <small>(Write Out Completely)</small>	SEASON TEAM <small>(Regular Season)</small>
	<u>EXAMPLE: Jones, Jaime Lynn</u>	<u>6201 Cherry Circle, Fairview, AR 24523</u>	<u>30-May-98</u>	<u>Cubs</u>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
	<u>Name of Manager and Coaches</u>	<u>Mailing Address</u>	<u>Phone Number</u>	<u>Regular Season Team</u>
Mgr				
Coach				
Coach				
Coach				

1 I hereby certify that the dates of birth of the players listed above are correct and have been substantiated by Birth Certificate, Hospital Record or National Headquarters Statement in lieu thereof. I also certify that the players and managers listed above are registered on the official registration blank now on file with the State Director and District Director in my state and the National Headquarters.

2 I further certify that the players listed above reside within the League's boundaries as set forth in the Dixie Softball Rules for local leagues, and have played in at least 9 scheduled games, and my league has scheduled a minimum of 12 or 15 (please circle which number) games per team in accordance with the TOURNAMENT REGULATIONS. (REMEMBER THIS IS A SWORN STATEMENT !!!!!)

3 Sworn before me this _____ day of _____, 20____

(Signature of League President or Official Representative)

Notary Signed: _____ Address: _____ City: _____ State: _____ Phone: _____

IMPORTANT - READ CAREFULLY AND BE SURE TO COMPLY OR YOUR TOURNAMENT TEAM WILL BE INELIGIBLE !!!!

All Tournament Affidavits must be turned in to the District Director at the meeting of Tournament Teams in his District at least 7 days prior to the first tournament game. The District Director is responsible to mail one copy to the State Director and to keep one copy for himself as well as mailing one copy to National Director listed in the DSI Rule Guide for the appropriate Division on or before July 1st or before the first tournament game. The original copy will be carried by the manager of the Tournament Team and must be presented to the Tournament Director of each tournament along with the birth records of each player. All corrections must be made on all copies of the affidavits before they are mailed to the State Director and Commissioner. District Directors failing to mail copies of affidavits to the State Director and Commissioner prior to the first tournament game may eliminate the team from competition.