

Tournament Team Eligibility Affidavit

Tar Heel Leagues, Inc
P.O. Box 159
Zebulon, NC 27597

(Name of League)	(Division)	(City)	(County)	(State) NC
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Name of Player	Street Address City, State, Zip Code	County	Date of Birth (m-d-y)	Regular Season Team
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____
12. _____	_____	_____	_____	_____
13. _____	_____	_____	_____	_____

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Name of Manager	Street Address	Name of Regular Season Team
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

- I hereby certify that the dates of the birth of the players listed above are correct and have been substantiated by Birth Certificate, Hospital Record or Headquarters Statement in lieu thereof.
- I further certify that the players listed above reside within the League's boundaries and have played a majority of their team's games in the League named in accordance with TOURNAMENT REGULATIONS.

Signed: _____
(League President)

Checked By: _____
(Print)

Street Address: _____

Signed: _____

City _____ State: _____

District Administrator
 Tournament Director

Bring original to all tournaments along with Birth Certificates. Present to tournament director at least thirty minutes before scheduled game time. Send copy to District Director at least 48 hours prior to first tournament game. Reverse side of affidavit must be completed after each game

