

(Please Type or Print)

# Dizzy Dean Baseball/Softball Inc.

## Baseball Team Certificate Of Entry

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 APRIL 30TH (AGES 5 THRU 12), JUNE 15TH (AGES 13-19 AND HIGH SCHOOL)**

Check Appropriate Age Division:

- 5     6     7     8     9     10     11     12
- 13     14     15     16     17-19     Double     High School

Name of League: \_\_\_\_\_ Team Name: \_\_\_\_\_ Date: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

PLAYER'S NAME	EMAIL ADDRESS	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					/ /

**MANAGER:** \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**COACH:** \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**COACH:** \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**COACH:** \_\_\_\_\_ Email: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

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

League President of Officer Signature: \_\_\_\_\_

Date: \_\_\_\_\_