

League President's Phone Numbers

Day

Evening

Little League® Baseball
MA. DISTRICT 3 SPECIAL GAMES
ELIGIBILITY Affidavit
Please type or print all
information
 Year: _____

League ID Number(s)

If playing in combination, enter all numbers.

Mass.		
Name of League	City	State

Division	Level of Play (check one)
<input type="checkbox"/> Softball	<input type="checkbox"/> 9 Year-Old <input type="checkbox"/> 9-10 Year-Old <input type="checkbox"/> 11 Year-Old <input type="checkbox"/> 13-14 Year-Old
<input type="checkbox"/> Baseball	

Certification by League President and League Player Agent

We, (League President) _____ And (Player Agent) _____
 Have personally reviewed this affidavit, as well as all supporting documents (birth records, proof of residence as defined by Little League Baseball Incorporated. By our signatures below, we certify that the names, dates of birth and residences (as defined by Little League Baseball, Incorporated) of the persons listed on this affidavit are true and correct. We understand that each team may carry a maximum of 14 players on their roster. There are no alternates on the team.

Regular Season Team Information

Please list all regular season teams for this division

Regular Season Team Code: The letter associated with the team. The team noted in the proper division of this league or a team in a combination approved by the Regional Director for the level of play on this affidavit.

Team Name: Name as it appears on the regular season roster.

CODE	TEAM NAME
A	
B	
C	
D	
E	
F	
G	
H	
I	
J	

Manager/Coach Information

Phone Number(s): List day and evening numbers. This will assist district staff in case of game rescheduling.

Manager/Coaches

Name	Address, City, State/Province, Zip/Postal Code	Team code	Day Phone	Evening Phone

Players

#	NAME	ADDRESS, CITY, ZIP	TEAM CODE	DOB MM/DD/YY	DISTRICT APPROVED
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

We understand that each team may carry a maximum of 14 players on their roster. There are no alternates on the team.

Players Replacement

The spaces below are to be used for replacement of players. Such replacements **MUST** be permanent only. When a player is replaced, his/her original space should be marked with a **HEAVY** black line. Once a player on the original affidavit is replaced, he/she cannot return to the team.

#	NAME	ADDRESS, CITY, ZIP	TEAM CODE	DOB MM/DD/YY	DISTRICT APPROVED
1					
2					
3					

Manager/Coach Replacement

Temporary replacement (single game only) of a manager/coach should not be entered.

#	NAME	ADDRESS, CITY, ZIP	TEAM CODE	DOB MM/DD/YY	DISTRICT APPROVED
M					
C					
C					