District 54 Little League Baseball

TOC Team Affidavit for 2021

League Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please clearly print all information. IMPORTANT: No more than 14 players, 1 Manager and 2 Coaches. Plus, one Alternate Coach shall be listed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Player First Name | Players Last Name | Little League Age | Players Number |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 13 |  |  |  |  |
| 14 |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | First Name | Last Name | Team/Division | Cell Number |
| Manager |  |  |  |  |
| Coach |  |  |  |  |
| Coach |  |  |  |  |
| Alt Coach |  |  |  |  |

League Presidents Certification.

1. I hereby certify the Birthdates of all Player listed above and have been substantiated by acceptable proof of age document. Per Little League Policies.
2. I certify that this team played together in the 2021 season in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Division in our Little League.
3. I agree to accept the decision of District 54 as final and binding for this tournament.
4. My team will comply and follow all Little League Rules and Regulations.

Signed by League President

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

California District 54 Little League 2021

