



**CALIFORNIA DISTRICT 11
DIVISION _____**

T.O.C. TEAM ELIGIBILITY AFFIDAVIT 2024

(Name of League)

(City)

(State)

Please type or print all information

NAME OF PLAYER	STREET ADDRESS	REGULAR SEASON TEAM	DATE OF BIRTH		
			Mo	Day	Yr
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					

NAME OF: (A) MANAGER (B) COACH (C) COACH	STREET ADDRESS	NAME OF REGULAR SEASON TEAM
A.		
B.		
C.		

- I hereby certify that the dates of birth of the fourteen players listed above are correct and have been substantiated by acceptable proof of age document or Headquarters Statement in lieu thereof; that said players reside within the league's boundaries as set forth in Regulation 2 and have been regular team members of their league.
- I also certify that the league of which I am president is operating in full compliance with all Rules and Regulations of Little League Baseball, Incorporated.
- I agree to accept the decision of District 11 as final and binding.
- The league Champions entered into the T.O.C. tournament, will be designated the "A" team, and the other entry shall be designated the "B" team.
- This affidavit covers the _____ team.

Signed _____
(League President)

One (1) copy must be carried by the Manager of the Tournament Team to all Tournament Games, and must be shown to the tournament director before game time.