



APPLICATION FOR FRANCHISE

Complete form and mail with check to:

TAR HEEL LEAGUES, INC, PO BOX 159, ZEBULON, NC 27597

OR

COMPLETE FORM DIGITALLY AND EMAIL TO:

tarheeladmin@gmail.com

to receive an Invoice or

Click **HERE** to pay online after
emailing the form.

PLEASE INDICATE NUMBER OF REGULAR SEASON TEAMS YOU ARE SANCTIONING IN EACH AGE GROUP.

(SANCTION FEES ARE \$50 / TEAM)

BASEBALL

COACH PITCH (8U)	
MIDGET LEAGUE (10U)	
LITTLE LEAGUE (12U)	
JUNIOR LEAGUE (15U)	
TOTAL BASEBALL TEAMS	

GIRLS SOFTBALL

COACH PITCH (8U)	
SOFTBALL (10U)	
SOFTBALL (12U)	
SOFTBALL (16U)	
TOTAL SOFTBALL TEAMS	

TOTAL NUMBER OF TEAMS _____ X _____

LEAGUE NAME _____

LEAGUE ADDRESS _____

EMAIL ADDRESS _____

LEAGUE DIRECTOR _____

CONTACT INFO MOBILE _____ OTHER _____

DOES YOUR LEAGUE USE A PLAYER SELECTION SYSTEM? ☐ YES ☐ NO

DOES A SPONSOR HAVE A VOICE IN LEAGUE AFFAIRS? ☐ YES ☐ NO

DOES YOUR LEAGUE CARRY INSURANCE? ☐ YES ☐ NO

DOES YOUR LEAGUE WISH TO ENTER TOURNAMENT PLAY? ☐ YES ☐ NO

WOULD YOUR LEAGUE LIKE TO HOST A DISTRICT TOURNAMENT? ☐ YES ☐ NO

WOULD YOUR LEAGUE LIKE TO HOST A STATE TOURNAMENT? ☐ YES ☐ NO

COMPANY _____

AS DULY ELECTED PRESIDENT OF THE ORGANIZATION MENTIONED HEREIN, I HEREBY MAKE APPLICATION FOR A FRANCHISE AND FOR THE RIGHT TO CONDUCT A BASEBALL AND/OR SOFTBALL PROGRAM UNDER THE NAME OF **TAR HEEL LEAGUES, INC.**, FOR THIS YEAR. THIS APPLICATION IS ACCOMPANIED BY A REGISTRATION FEE WHICH I UNDERSTAND WILL BE FULLY REFUNDED IF MEMBERSHIP IS NOT APPROVED. I PLEDGE MYSELF AND MY LEAGUE TO STRICT COMPLIANCE OF ALL THE RULES AND REGULATIONS OF THE ORGANIZATIONS.

SIGNED: _____

PRESIDENT

DATE: _____