TAR HEEL LEAGUES, INC

P.O. Box 2649

Smithfield, NC 27577

**Tournament Team Eligibility Affidavit**

(Name of League) (Division) (City) (County) (State)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Name of Player |  | Street Address |  | Date of Birth |  | Name of Regular |
|  |  |  |  |  |  | (month-day-year) |  | Season Team |
|  |  |  |  |  |  |  |  |  |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |
| BB |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  | Name of Manager |  | Street Address |  |  |  | Name of Regular Season Team |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |

1. I hereby certify that the dates of the birth of the players listed above are correct and have been substantiated by Birth Certificates, Hospital

Records or Headquarters Statement in lieu thereof.

2. I further certify that the players listed above reside within the leagues boundaries and have played a majority of the their team’s games in the

League named in accordance with Tournament Regulations.

**Signed**…………………………………..……………………………………………….

(League President)

**Street Address**…………………………………………………………………………

**City**…………………………………………………………..**State**…………………….

Carry white original copy to all Tournaments along with Birth Certificates. Present to tournament director at least thirty minutes before scheduled game time. Mail duplicate copy to District Director at least 48 hours prior to first tournament game.

**PLEASE TYPEWRITE IF POSSIBLE**