

20__ TOURNAMENT LEVEL - LEAGUE(S)

NEED MINIMUM OF "3" OF THE ITEMS LISTED IN THE RULE BOOK PAGE 14/15

CANNOT USE P.O. BOX

Name & League Age On April 30 th	REGULAR SEASON TEAM / LEVEL OF PLAY	Complete d Medical Release	Original Birth Certificate	Copy of Birth Certificate	Fill in the Category with the number Of the document supplied			League Boundary Map	Form II D	Form IV H	Number of Games TEAM Played to 6/15	Actual Number of Games Player Played In	
					First Category	Second Category	Third Category						
<i>SAMPLE BOB TOIGO / 12</i>	<i>Mets / Majors</i>	<i>Y</i>	<i>Y</i>	<i>Y</i>	<i>3</i>	<i>6</i>	<i>15</i>	<i>Y or N If No – Need Waiver</i>			<i>16</i>	<i>13</i>	
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TEAM ADVANCEMENT REGULATION FORM:

Signature: Team Manager _____

District 9 Representative Signature: _____ Date: _____