

DIXIE MAJORS BASEBALL, INC. 2016 PLAYER REGISTRATION FORM

(Copy of Roster to be mailed to both the District and State Director	prior to the first game: Failure to Co	mply Could Result in Forfeit of Le	ague's Tournament Privileges)
(F)			

NAME OF LEAGUE: Franchise Number M- STATE OF DISTRICT 2016 DIXIE MAJORS BASEBALL 2016 DIXIE MAJORS BASEBALL						
City:	State	Zip	EMAIL:			
NAME OF TEAM: Number of Teams in League:						
ord) MAILIN	NG ADDRESS C	ZITY ZIP CODE	DATE OF BIRTH			
(15-16-17-18-19 YEAR OLD PLAYERS) SEE RULEBOOK FOR RECOMMENDED ROSTER GUIDELINES 1.						
(2016 DIXIE MA City: Number of Te: ord) MAILIN	2016 DIXIE MAJORS BASEBALL City: State Number of Teams in League: ord) MAILING ADDRESS C	2016 DIXIE MAJORS BASEBALL City: State Zip CODE Number of Teams in League: ord) MAILING ADDRESS CITY ZIP CODE Id-17-18-19 YEAR OLD PLAYERS) SEE RULEBOOK FOR RECOMMENDED ROSTER GUIDE Id-17-18-19 YEAR OLD PLAYERS) SEE RULEBOOK FOR RECOMMENDED ROSTER GUIDE Id-17-18-19 YEAR OLD PLAYERS) SEE RULEBOOK FOR RECOMMENDED ROSTER GUIDE Id-17-18-19 YEAR OLD PLAYERS) SEE RULEBOOK FOR RECOMMENDED ROSTER GUIDE Id-17-18-19 YEAR OLD PLAYERS) SEE RULEBOOK FOR RECOMMENDED ROSTER GUIDE Id-17-18-19 YEAR OLD PLAYERS) SEE RULEBOOK FOR RECOMMENDED ROSTER GUIDE Id-17-18-19 YEAR OLD PLAYERS) SEE RULEBOOK FOR RECOMMENDED ROSTER GUIDE Id-17-18-19 YEAR OLD PLAYERS) SEE RULEBOOK FOR RECOMMENDED ROSTER GUIDE Id-17-18-19 YEAR OLD PLAYERS) Id-17-18-19 YEAR OLD P			

NOTE: A team roster shall be composed in accordance with the rules as found in the official rulebook. Also, please indicate **by placing an *asterisk * next to any players' name** that is residing outside the boundaries of your league and an exception granted by the State Director for the player to play in your league.

ONLY PLAYERS LISTED ON ABOVE TEAM ROSTER ARE ELIGIBLE FOR TOURNAMENT PLAY.

Changes on team rosters must be reported to the State and District Director in writing. This form will be mailed on or before the league's first scheduled game of the season as follows: (a) Original to State Director (b) Copy to District Director (c) Copy retained by league

-CERTIFICATION-

This is to certify that the above information is correct according to league records. Players were placed by the league on this team in a manner in which all league teams had an equal opportunity in the selection of players placed on this team. Date:______,2016 Signed:______ Title of League Representative: ______

FAILURE TO COMPLY WITH DBB REGULATIONS WITH RESPECT TO THE PLACEMENT OF PLAYERS ON TEAM ROSTERS WILL DISQUALIFY YOUR LEAGUE FROM PARTICIPATING IN SANCTIONED POST-SEASON DBB TOURNAMENT PLAY.