

ACME BASEBALL CONGRESS
 2016 OFFICIAL APPLICATION/ELIGIBILITY CERTIFICATE FOR Junior and Senior ACME TEAMS

DUE DATE: June 1---All certificates (rosters) must be received by due date.
Failure to receive by date can jeopardize tournament play.

Certificates may be submitted online or mailed to:
 Kristi Spencer; 13432 Waynesfield Road; Wapakoneta, Ohio; 45895

Team Name: _____ School District: _____

City: _____ County: _____ Acme District: 1 2 3 4 5 6 7

Manager's Name: _____

Home Phone: _____ Cell Phone: _____ email address: _____

Team Coaches

Please print legibly

Head Coach's Name	Team (Circle One)	Cell Phone	Home Phone	Email Address
	Senior ACME			
	Junior ACME			

☞ The undersigned desires to apply for membership in the ACME Baseball Congress, Inc. It is understood that we are hereby entitled to all privileges and rights with are now and may be established to members of the ACME Baseball Congress, Inc.

☞ The undersigned manager agrees not to hold the ACME Baseball Congress, Inc., Board of Trustees, Officers, Commissioner, Assistant Commissioner, and any other persons affiliated with ACME BASEBALL Congress, liable for any accidents or injuries to my youth that may occur during practice, league or tournament play. The manager agrees that all players and parents/guardians each agree to adhere to all rules and regulations set forth by ACME Baseball Congress, Inc., Ohio High School Athletic Association. By signing this form you understand by your signature that each team member will carry our own Health, Vehicle or any other insurance that is deemed necessary for your youth to participate and that we do not hold ACME Baseball Congress, Inc., its Board Of Directors, Officer, Commissioner, Assistant Commissioners or any other persons affiliated with ACME Baseball Congress, Inc. responsible.

Roster below represents _____ Senior ACME team(s) and _____ Junior ACME team(s).
 (Number of teams?) (Number of teams?)

PLAYER ROSTER---Regular Season Play

Please print legibly

Player's Name (Alphabetically—Last name first)	Incoming Grade for School year 2016-2017	Player's Name (Alphabetically—Last name first)	Incoming Grade for School year 2016-2017
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

Nominate your eligible players for our ACME College Scholarship Program.

More info at: <http://acmebaseballcongress.org/scholarship-program/>

FOR OFFICE USE ONLY

Date Posted		Comments
Date Received		

Authorized Signature: _____

High School Principal or Athletic Director

Title: _____ School: _____ Date: _____