



DIXIE YOUTH BASEBALL, INC.

TOURNAMENT PLAYER REPLACEMENT AFFIDAVIT

This is to Certify that _____
Full Name of Player

a member of the _____ League, #Y _____ City _____ State _____

Tournament team will be unable to participate in the 20____Dixie Youth tournament program because:

Signature of Parent or Guardian

Address _____

Telephone _____

LEAGUE CERTIFICATION

Following an investigation of the above, I hereby approve the replacement of _____
Name of Player Being Replaced

By _____ Mailing Address _____
Full Name of New Player

Date of birth _____ League _____ Season Team _____

I hereby certify that the date of birth of _____ is correct and has been substantiated by birth
New Player
certificate, Hospital Record or National Headquarters Statement in lieu thereof. I further certify that the player listed above resides within the League's boundaries as set forth in the 20____Dixie Youth Baseball Rules for local leagues, and has played in at least 9 scheduled games in his league in accordance with the 20____TOURNAMENT REGULATIONS.

Signature _____
League President or Representative as registered with Dixie Youth Baseball, Inc. for Current Season

Address _____ City _____ State _____

Name of League _____ Telephone _____

COMMISSIONER, STATE DIRECTOR OR DISTRICT DIRECTOR

I have inspected the birth certificate of _____ and it is in my opinion acceptable according to the rules of Dixie Youth Baseball, Inc. Replacement as requested above is hereby approved.

Signature _____ District _____

Address _____

The original replacement form must be attached to the white copy of the 20____ Tournament Affidavit. Pink copy of same shall be mailed to the Commissioner's Office, and yellow copy to be mailed to the State Director.