



**DIXIE YOUTH BASEBALL, INC.
TOURNAMENT COACH REPLACEMENT AFFIDAVIT**

THIS IS TO CERTIFY THAT _____, a coach in the
_____ League, # Y-_____ of a []6U []8U []10U []12U tournament
team will be unable to continue participation in the 20____ Dixie Youth Baseball tournament season for the following reason:

Signature of Coach or League Representative

LEAGUE CERTIFICATION

I hereby approve the replacement of _____ by a new coach,
Name of coach being replaced

Name _____ Address _____
City _____ State _____ Zip Code _____ Phone Number: () _____

I hereby certify that the new coach is an adult representing our DYB franchised league.

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

Name of League _____

City _____ State _____

COMMISSIONER, STATE DIRECTOR, NATIONAL DIRECTOR OR DISTRICT DIRECTOR

_____ is in my opinion an acceptable coach according to the rules of Dixie Youth
Baseball, Inc. Replacement as requested above is hereby approved:

Signature _____

Date: _____

Title _____

The original replacement form must be attached to the original Tournament Team Affidavit.