

# NATIONAL AMATEUR BASEBALL FEDERATION, INC

(PLEASE CHECK APPROPRIATE AGE GROUP BELOW)

- |                                     |                          |                          |                          |                          |                          |                          |                          |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| MAJOR                               | COLLEGE                  | SENIOR                   | HIGH SCHOOL              | JUNIOR                   | SOPHOMORE                | FRESHMAN                 | ROOKIE                   |
| Unlimited                           | 22 & Under               | 18 & Under               | 17 & Under               | 16 & Under               | 14 & Under               | 12 & Under               | 10 & Under               |

Franchise Name: Cincinnati Recreation Commission State: OH

League Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

## INDIVIDUAL TEAM CERTIFICATION FOR ELIGIBILITY

Player certification list. Each association must provide an eligibility list from each team in their league 15 days prior to registration date of the tournament. Mail eligibility list to NABF Headquarters or designated location.

**(Please type the following information)**

*NOTE: Under rule 3.20 all players must show permanent legal residence as of February 1<sup>st</sup> current year*

#	PLAYER'S FULL NAME	BIRTH DATE	PERMANENT RESIDENCE ADDRESS – CITY – STATE - ZIP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			

Team Manager: \_\_\_\_\_

Coach: \_\_\_\_\_

Coach: \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

Phone No. ( ) \_\_\_\_\_

*Certified by Franchise (league) Director*

Name/Title Kathy Lang/Supervising Recreation Coordinator

Signature \_\_\_\_\_

Date \_\_\_\_\_

(SEE NABF RULE 3.01 THRU 3.20, 4.01 THRU 4.10, 5.01 THRU 5.10 AND 6.01 THRU 6.13)