

NATIONAL AMATEUR BASEBALL FEDERATION, INC / AABC

(PLEASE CHECK APPROPRIATE AGE GROUP BELOW)

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <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: OHIO

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 1st 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.			

	Coach:	Coach:
	Address	Address
State Zip Code	State Zip Code	State Zip Code
Phone No. _____	Phone No. () _____	Phone No. () _____

Certified by Franchise (league) Director

Name/Title Jim Boyle / League President

Signature _____ Date _____

