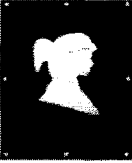




Dizzy Dean Baseball/Softball Inc.



Baseball APPLICATION FOR SANCTION

(This form must be postmarked by May 20th (Ages 5 thru 12), or by June 1st (Ages 13 thru 19 and High School))

Date _____

ATTENTION LEAGUE OFFICIAL: MAIL 2 (TWO) COPIES OF THIS APPLICATION WITH PROPER FEES TO THE STATE DIRECTOR.

ATTENTION STATE DIRECTOR: APPROVE & SIGN THIS APPLICATION AND SEND 1 (ONE) COPY TO THE COMMISSIONER AND 1 COPY WITH THE PROPER FEES TO STATE TREASURER / SECRETARY.

ATTENTION STATE SECRETARY: MAIL 1 (ONE) COPY WITH PROPER FEES TO THE NATIONAL TREASURER, 37 ADKINSON DRIVE, PENSACOLA, FL 32506.

MAIL TO

Our league _____ herewith applies for membership in DIZZY DEAN BASEBALL, INC. for the (year) _____ season. Enclosed is check/money order in the amount of \$ _____ to cover fees for teams and leagues as indicated below.

No more than 8 teams in any age group should be on this application (use multiple applications if necessary.)

Check Appropriate Age Division				League	Age	Fee
<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17-19	T-Ball League	Ages 5-6	Teams@ 15.00
<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> DOUBLE	Farm League	Ages 5-8	Teams@ 15.00
<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> HIGH SCHOOL	Minor League	Ages 9-10	Teams@ 15.00=
<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16		Freshman League	Ages 11-12	Teams@ 15.00=
				Sophomore League	Ages 13-14	Teams@ 15.00=
				Junior League	Ages 15-16	Teams@ 15.00=
				Senior League	Ages 17-18	Teams@ 15.00=
				Double Franchise	Ages 15-18	Teams@ 30.00=
				High School		Teams@ 15.00=

We, the undersigned, authorized officers of said league agree that in the granting of this sanction, we shall abide by the Rules and Regulations of DIZZY DEAN BASEBALL.

League Contact _____ Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Residence () _____ Business () _____

President _____ Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Residence () _____ Business () _____

Secretary / Treasurer _____ Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Residence () _____ Business () _____

DATE _____

SIGNED _____

Authorized Officer

TEAM INFORMATION (If known or selected, if not, mail later. DO NOT HOLD UP THIS FORM)

TEAM	MANAGER	MAILING ADDRESS	CITY	PHONE

PLEASE MAKE ALL CHECKS / MONEY ORDERS PAYABLE TO: DIZZY DEAN BASEBALL, INC.