

**TOURNAMENT TEAM ELIGIBILITY AFFIDAVIT
SELF CHECKLIST**

- Division checked
- Complete league name and league official address including City, State and Zip code
- Insurance Company name with policy numbers – must be identical to the proof of league insurance that is in the binder
- Team Name, i.e., SYB Mustang 9 Red, CPBA ABL Gold, etc. If unsure ask your league president or all star coordinator
- Zone – All teams are in the West Zone
- List team players with uniform numbers, full names as they appear on the birth certificate (first, middle, last), date of birth as MM/DD/YYYY, street address (must be the same as on the proof of residence), name of team the player played on during the season. (Please double check spelling of the name and no nicknames are acceptable). List the players in the same order as their information is in the binder, preferably in alphabetical order.
- Complete name, address, email and phone number of manager and coach, business manager and additional coach for Shetland teams only. Business manager is a coach, not the team parent. All persons on the TTEA must be in full baseball uniform.
- League President or other authorized league officials signature
- Manager/Coach's initials for Concussion Protocol Law of CA
- ADA block checked