

**SUSQUEHANNA VALLEY TOURNAMENT
TEAM ELIGIBILITY AFFIDAVIT**

LEAGUE NAME: _____ CITY: _____

NAME OF PLAYER	STREET ADDRESS	DATE OF BIRTH	REGULAR SEASON TEAM
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			

(Boys of League age 10, 11 and 12 only are eligible.)

COACH'S NAME	STREET ADDRESS	REGULAR SEASON TEAM	HOME & CELL NOS.
1.			
2.			
3.			
4.			
5.			

Signed: _____ Telephone No.: _____
League President

Address: _____
Street, City, State, Zip

IMPORTANT

One (1) executed copy of this document must be carried by the Manager of the Tournament Team to all Tournament Games, and must be shown to the opposing manager when requested. One (1) executed copy must be either mailed or hand delivered to the Tournament Director at the coach's meeting prior to tournament play.

