

**DISTRICT 33 TOC  
ELIGIBILITY AFFIDAVIT**

**NAME OF LEAGUE** \_\_\_\_\_

**DIVISION** \_\_\_\_\_

	UNIFORM		LEAGUE	# OF GAMES
	NUMBER	NAME	AGE	PLAYED
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

**MANAGER** \_\_\_\_\_

**COACHES** \_\_\_\_\_ & \_\_\_\_\_

**TEAM NAME** \_\_\_\_\_

**CLINICS ATTENDED BY MANAGER (Skills)** \_\_\_\_\_ **(Safety)** \_\_\_\_\_

(LIST YEAR ATTENDED)

**CLINIC ATTENDED BY FIRST COACH (Skills)** \_\_\_\_\_ **(Safety)** \_\_\_\_\_

(LIST YEAR ATTENDED)

**CLINIC ATTENEDED BY SECOND COACH (Skills)** \_\_\_\_\_ **(Safety)** \_\_\_\_\_

**PRESIDENT'S SIGNATURE** \_\_\_\_\_  
PRESIDENT'S SIGNATURE ATTEST TO THE FACT THAT THIS IS THE LEAGUES REGULAR SEASON CHAMPION,  
THAT EACH PLAYER LISTED WAS A ROSTERED MEMBER OF THAT TEAM AND THAT THE MANAGER AND (OR)  
COACHES HAVE ATTENDED THE REQUIRED CLINICS.