League President's Phone Numbers

509 953-5769
Day

509 235-1415
Evening

Little League® Baseball

Tournament Team Eligibility Affidavit

Please type or print all information

Year: 2008

League ID Number(s)

If playing in combination, enter all numbers

West Plains Little League	Cheney/Medical Lake	WA	USA
Name of League	**City**	**State/Province**	**Country**

Division	Level of Play (check one)		
☑ Baseball	☐ 9-10-Year-Old	☐ 10-11-Year-Old	☐ Little League
	☑ Junior League	☐ Senior League	☐ Big League

A. Complete: All spaces above must be completed, as well as all spaces for each participant.

B. Documentation: Team manager must present this affidavit to the Tournament Director at each site. The league named above must provide a photocopy of this affidavit to be retained by the District Administrator, after it is certified by that District Administrator, or his/her authorized representative. All age and residency eligibility documentation will be required to accompany each team at all levels. This documentation will be reviewed by the tournament director at the section, state, divisional, regional and world series levels.

C. Eligibility of Pitchers: The team manager for the team listed herein is *solely responsible* for ensuring that any pitcher on this team who enters a game is eligible under all conditions listed in the Tournament Rules and Guidelines. *If an ineligible pitcher enters a game, it may result in forfeiture by action of the Tournament Committee in Williamsport, Pennsylvania.*

D. Eligibility of Players: A player may be deemed ineligible by the Tournament Committee because of a violation of Little League Rules and Regulations regarding: 1) participation in games or practices; 2) league age; 3) residence (as defined by Little League Baseball, Incorporated); or 4) participation for at least 60 percent of the regular season as an eligible player in the proper division. *If the Tournament Committee deems any player to be ineligible, it may result in forfeiture of tournament game(s), and/or removal of the team or teams in the local league from tournament play, and/or suspension or removal of personnel from further Little League activities, and/or suspension or revocation of the local league's charter.*

E. Map of Boundaries: This affidavit must be accompanied by a map showing the actual boundaries of the local Little League named above. The purpose of this map is for verification of residences only. The location of the residence of each participant ("residence," as defined by Little League Baseball, Incorporated) must be noted on the map, with references to the names and/or numbers of the players as listed on this affidavit. The boundaries as detailed on the map must be a physical structure (such as a road), or a geographic feature (such as a river). The boundary line will be considered to be in the center of such structures or features, unless noted otherwise. The boundaries must not encroach on any other chartered Little League's boundaries. The map accompanying this affidavit must be signed and dated (within the current year) by the District Administrator and league president. A map depicting these same boundaries must also be on file at the Regional Center.

F. Birth Records: The team manager must carry photocopies (originals are not necessary) of the original birth documents that were used as verification of birth date in the preparation of this affidavit.

G. District Administrator or Tournament Director's signature/date: By initialing the "District Approved" box, the district administrator verifies that the information regarding this player's eligiblity under all regulations (league age, residence, and participation for 60 percent of the regular season as of June 15 of the current year) have been found to be acceptable.

NOTE: This affidavit is not complete unless: 1) all spaces are properly completed; 2) accompanied by a boundary map (E - above); and 3) accompanied by copies of birth records for all players (F - above); 4) accompanied by eligibility waivers for any participants otherwise ineligible (Charter Committee, IId, IVh); 5) A copy of the "Statement in Lieu of Acceptable Proof of Birth" for all players who lack such acceptable proof, along with copies of all documentation used to obtain the statement. 6) accompanied by residence eligibility documentation.

This affidavit and all accompanying documentation is not to be shared with or provided to opposing teams, media personnel or any other persons unless specifically approved in writing by the Tournament Committee in Williamsport, Pennsylvania.

(continued)

Certification by Team Manager

By my signature below, I certify that all the information contained on this affidavit is true and correct, to the best of my knowledge. I understand: 1. all of the Rules and Regulations pertaining to eligibility; 2. I am solely responsible for the eligibility of pitchers on my team; 3. if an ineligible pitcher or player participates in a game for any reason, it may result in forfeiture, and/or removal of participants, including players, manager and coaches, or the entire team named herein, from the International Tournament, by action of the Tournament Committee in Williamsport; 4. I may lodge a protest in accordance with the Tournament Rules and Guidelines, and that my team is not required to continue playing until such protest has been resolved, (A) to my satisfaction, or, (B) by the Tournament Committee in Williamsport, the decision of which shall be final and binding; 5. That I must maintain and carry all required eligibility documentation throughout all levels of play; 6. That I am fully eligible to be the manager of this tournament team, and the coaches named on this affidavit are also eligible.

Signature of Manager _____ **Date Signed** _____

Signature of Replacement Manager _____ **Date Signed** _____

(Note: temporary replacements should not sign.)

Certification by League President and League Player Agent

We, (League President, please print) _____,

and (Player Agent, please print) _____,

have personally reviewed this affidavit, as well as all supporting documents (birth records, proof of residence as defined by Little League Baseball, Incorporated, and proof of participation), regarding the tournament team herein. We have read and understand all rules and regulations pertaining to the eligibility of all individuals named on this affidavit. By our signatures below, we certify that the names, dates of birth and residences (as defined by Little League Baseball, Incorporated) of the persons listed on this affidavit are true and correct, and have been substantiated by legal documentation that is acceptable under Little League standards, or statement in lieu thereof from Little League International Headquarters. I certify that the manager, coaches and all players on this affidavit are fully eligible under all rules and regulations. Should a controversy arise, we agree to accept the decision of the Charter Committee/Tournament Committee as final and binding.

Signature of League President _____ **Date Signed** _____

Signature of Player Agent _____ **Date Signed** _____

Certifications by District Administrator and Ensuing Tournament Directors

By my signature below (or that of my authorized representative), I certify that the names, residences (as defined by Little League Baseball, Incorporated) and dates of birth of the persons listed on this affidavit are true and correct, and have been substantiated by legal documentation that is acceptable under Little League standards, or statement in lieu thereof from Little League International Headquarters.

Signature of District Administrator _____ **Date Signed** _____

Signature of Sectional Tournament Director _____ **Date Signed** _____

Signature of State Tournament Director _____ **Date Signed** _____

Signature of Divisional Tournament Director _____ **Date Signed** _____

Signature of Regional Tournament Director _____ **Date Signed** _____

Signature of World Series Tournament Director _____ **Date Signed** _____

Player Information

Player's name line: This should be the child's full name, as listed on the birth document(s). If the name has been changed, then a "Statement in Lieu of Acceptable Proof of Birth" (issued by the Regional Director or District Administrator) is required for that child to be eligible.
Address: The address listed for each player must be inside the boundaries as detailed on the attached map (required, see "E" on previous page), unless the league has received a waiver from the Charter Committee in Williamsport, Pennsylvania, for the current year for the player in question.
II(d)/IV(h): If the address listed in the player's information is outside the boundaries as detailed on the attached map (required, see "E" on previous page), then that player is eligible ONLY if this affidavit is accompanied by a properly completed and acceptable Regulation II (d) Waiver Form, a Regulation IV (h) Waiver Form, or a written waiver from the Charter Committee in Williamsport, Pennsylvania, for the current year. Please mark the box to indicate that the appropriate form is attached to this affidavit.
DOB: Acceptable proof of birth documents are any ONE of the following: 1. Original proof of age document, if issued by federal, state or provincial registrars of vital statistics in the country in which the Little Leaguer is participating; 2. If country of participation differs from the country of proof of age document, the proof of age document must be filed, recorded, registered or issued within one (1) year of the birth of the child; 3. A government-certified copy of the original birth certificate, if the original certificate was filed, recorded, registered or issued within one (1) year of the birth of the child; 4. A document issued by a local, state, provincial, or national government authority that lists the date of birth, with reference to the location and filed, recorded, registered or issued date of the original birth certificate. (Such original birth certificate must have been filed, recorded, registered or issued within one (1) year of the birth of the child.); 5. A "Statement in Lieu of Acceptable Proof of Birth" issued by a Little League Regional Director or District Administrator. *Note: The proof of birth date documents must personally be inspected by the local Little League President, Player Agent, AND District Administrator (or his/her designated appointee).*
Regular Season Team Code: Place the letter associated with the team. The team noted must be a team in the proper division of this league or a team in a combination approved by the Regional Director for the level of play listed on the front page of this affidavit.
Games Played by June 15: If the number of games listed for the player (page 3) is less than 60 percent of those listed for the team (page 2), then the player is eligible ONLY if this affidavit is accompanied by a written waiver for the current year from the Charter Committee in Williamsport, Pennsylvania. The number must refer only to actual games played by the team (page 2) and player (page 3). **Exception:** The period during which a candidate was a member of a middle school, junior high school or high school baseball or softball team, is not to be considered in this evaluation. If this is the case, games played as a member of a school team must be noted on a separate sheet and carried with this affidavit. (See "Eligibility" in Tournament Rules and Guidelines.)

Regular Season Team Information

Please list all regular season teams for this division

Regular Season Team Code: The letter associated with the team. The team noted must be a team in the proper division of this league or a team in a combination approved by the Regional Director for the level of play on the front page of this affidavit.

Team Name: Name as it appears on the regular season roster.

Code	Team Name	Games Played by June 15
A	Jongeward Construction	8
B	Kimmel Athletic	8
C	Cheney Realty	8
D	Farmers Insurance	8
E		
F		
G		
H		
I		
J		

Manager/Coach Information

Phone Number(s): List day and evening numbers. This will assist district staff in case of game rescheduling.

Manager/Coaches

	Name	Address, City, State/Province, Zip/Postal Code	Team code	Day Phone	Evening Phone
M	Kory Kelly	9722 Sage Ct., Cheney, WA 99004	1	509-838-2755	509-838-2755
C	Kerry Kelly	4624 W Spencer Ct., Cheney, WA 99004	1	760-580-9154	760-580-9154
*C	Mike Paulson	1110 N. Tara Lee St., Medical Lake, WA 99022	1	509-844-7141	509-299-4049

***NOTE:** The Tournament rule on Page T-3 (Managers and Coaches -- Managers/Coaches in the Dugout) limits the number of adults that can participate in the dugout/game. If this affidavit lists 12 or fewer players, then only two adults can be named above. See the rule for more details.

Little League® Tournament Affidavit Verification Checklist

Use the Information in gray as a key to completing the player Information. For each player check three Proof-of-Residency categories. **Note 1**: three utility bills count as only one proof of residence.

Player Name (Example: Robert J. Smith) Address of Parent or Legal Guardian (Example: 123 Main Street Anytown, Any State 55555) Birthdate (mm/dd/yy) / Address Inside Map? ___Yes ___No		Team Code	Games played by June 15 by this player	Age Proof Waiver, II(d) or IV (h)	District Approval
1. Cody Ableman 614 Sunrise Dr Cheney, WA 99004 04/08/1994 ✔ Yes ___No	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records ❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents ❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	A	8		
2. Jeremy Alderman 9028 S. Craig Road Cheney, WA 99004 02/10/1994 ✔ Yes ___No	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records ❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents ❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	D	8		
3. Ian Crump 1017 N. Wilcox St. Medical Lake, WA 99022 11/15/1993 ✔ Yes ___No	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records ❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents ❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	B	8		
4. Brandon Dixon 10006 S. Andrus Rd Cheney, WA 99004 05/06/1994 ✔ Yes ___No	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records ❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents ❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	C	8		
5. Chris Hammer Spokane, WA 99 03/02/1994 ✔ Yes ___No	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records ❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents ❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	A	8		
6. Drew Henry 1114 W. Jamieson Rd Spokane, WA 99224 03/31/1994 ✔ Yes ___No	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records ❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents ❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	D	8		
7. Auston Kelly 9722 Sage Ct. Cheney, WA 99004 08/30/1994 ✔ Yes ___No	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records ❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents ❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	A	8		

8. Kacey Kelly 4624 W Spencer Ct. Cheney, WA 99004 03/19/1994 ADDRESS INSIDE MAP? ✔ YES ____ NO	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records	❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents	❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	A	8		
9. Dustin Labit 5493 A Pine St. Fairchild AFB, WA 99011 08/15/1994 ADDRESS INSIDE MAP? ✔ YES ____ NO	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records	❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents	❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	B	8		
10. Joshua Maio 10711 S. Sprague St Cheney, WA 99004 07/02/1993 ADDRESS INSIDE MAP? ✔ YES ____ NO	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records	❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents	❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	C	8		
11. Connor Netz S. 13927 Murphy Rd. Cheney, WA 99004 09/10/1994 ADDRESS INSIDE MAP? ✔ YES ____ NO	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records	❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents	❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	A	8		
12. Adam Paulson 1110 N. Tara Lee St. Medical Lake, WA 99022 2/22/1995 ADDRESS INSIDE MAP? ✔ YES ____ NO	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records	❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents	❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	A	8		
13. Dakota Torkelson 12023 W. Orchard Heights Rd. Cheney, WA 99004 02/23/1994 ADDRESS INSIDE MAP? ✔ YES ____ NO	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records	❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents	❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records	B	8		
14. ADDRESS INSIDE MAP? ____ YES ____ NO	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records	❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents	❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records				
15. ADDRESS INSIDE MAP? ____ YES ____ NO	❑ Driver's License ❑ Voter's Registration ❑ School records ❑ Welfare/child care records ❑ Federal records ❑ State records	❑ Local (municipal) records ❑ Support payment records ❑ Homeowner/tenant records ❑ Utility bills ❑ Financial records ❑ Insurance documents	❑ Medical records ❑ Military records ❑ Internet, cable or satellite records ❑ Vehicle records ❑ Employment records				

Player Name Address of Parent or Legal Guardian Birthdate (mm/dd/yy) / Address Inside Map? ____Yes ____No	Rostered Players and Replacement Players Use the spaces below for additional rostered players or to replace players removed from the roster. Such replacements MUST be permanent only. When a player is replaced, his/her original space should be marked with a HEAVY black line. Once a player on the original affidavit is replaced, he/she cannot return to the team. Exceptions can only be made in writing by the Tournament Committee in Williamsport, Pennsylvania.	*Team Code*	*Games played by June 15 by this player*	*Age Proof* *Waiver, II(d) or IV (h)*	*District Approval*
16.	❑ Driver's License ❑ Local (municipal) records ❑ Medical records ❑ Voter's Registration ❑ Support payment records ❑ Military records ❑ School records ❑ Homeowner/tenant records ❑ Internet, cable or satellite records ❑ Welfare/child care records ❑ Utility bills ❑ Federal records ❑ Financial records ❑ Vehicle records ❑ State records ❑ Insurance documents ❑ Employment records				
17.	❑ Driver's License ❑ Local (municipal) records ❑ Medical records ❑ Voter's Registration ❑ Support payment records ❑ Military records ❑ School records ❑ Homeowner/tenant records ❑ Internet, cable or satellite records ❑ Welfare/child care records ❑ Utility bills ❑ Federal records ❑ Financial records ❑ Vehicle records ❑ State records ❑ Insurance documents ❑ Employment records				
18.	❑ Driver's License ❑ Local (municipal) records ❑ Medical records ❑ Voter's Registration ❑ Support payment records ❑ Military records ❑ School records ❑ Homeowner/tenant records ❑ Internet, cable or satellite records ❑ Welfare/child care records ❑ Utility bills ❑ Federal records ❑ Financial records ❑ Vehicle records ❑ State records ❑ Insurance documents ❑ Employment records				
19.	❑ Driver's License ❑ Local (municipal) records ❑ Medical records ❑ Voter's Registration ❑ Support payment records ❑ Military records ❑ School records ❑ Homeowner/tenant records ❑ Internet, cable or satellite records ❑ Welfare/child care records ❑ Utility bills ❑ Federal records ❑ Financial records ❑ Vehicle records ❑ State records ❑ Insurance documents ❑ Employment records				
20.	❑ Driver's License ❑ Local (municipal) records ❑ Medical records ❑ Voter's Registration ❑ Support payment records ❑ Military records ❑ School records ❑ Homeowner/tenant records ❑ Internet, cable or satellite records ❑ Welfare/child care records ❑ Utility bills ❑ Federal records ❑ Financial records ❑ Vehicle records ❑ State records ❑ Insurance documents ❑ Employment records				

Manager/Coach Replacement

Temporary replacement (single game only) of a manager/coach should not be entered. The replacement spaces below are to be used for permanent replacements only.

	Name	Address, City, State/Province, Zip/Postal Code	Team code	Day Phone	Evening Phone
M					
C					
C					

Little League Baseball Pitch Count Data Sheet

League: ____________________

Division: ____________________

(Additional blank data sheets are available at www.littleleague.org.)

League Age	Pitch Limit (per day)	Pitches Thrown (per day)	Days of Rest Needed	Games of Rest Needed	League Age	Pitch Limit (per day)	Pitches Thrown (per day)	Days of Rest Needed	Games of Rest Needed
10 & Under	75	1-20	0	0	Big League 16-18	105	1-25	0	0
11-12	85	21-45	1	1			26-50	1	1
13-16	95	46-95	2	1			51-105	2	1

Date of Game	Level of play*	Pitcher	League Age	Number of Pitches	Name of Opponent	Score*		Signature of Official Scorekeeper or Pitch Counter	Rest Needed		Initial by Mgr.
						Own	Opp		Days	Games	

Record of Ejections

Player/Manager/Coach Name	Opponent	Date	Tournament Director Signature

* The level of tournament play (i.e. district, sectional, state, regional, national, etc...)

** Score should be the score when this pitcher finished pitching in that game. A separate sheet may be attached if more space is required

Little League Baseball Pitch Count Data Sheet

League: ____________________

Division: ____________________

(Additional blank data sheets are available at www.littleleague.org.)

League Age	Pitch Limit (per day)		Pitches Thrown (per day)	Days of Rest Needed	Games of Rest Needed	League Age	Pitch Limit (per day)		Pitches Thrown (per day)	Days of Rest Needed	Games of Rest Needed
10 & Under	75	}	1-20	0	0	Big League 16-18	105	}	1-25	0	0
11-12	85		21-45	1	1				26-50	1	1
13-16	95		46-95	2	1				51-105	2	1

Date of Game	Level of play*	Pitcher	League Age	Number of Pitches	Name of Opponent	Score*		Signature of Official Scorekeeper or Pitch Counter	Rest Needed		Initial by Mgr.
						Own	Opp		Days	Games	

Record of Ejections

Player/Manager/Coach Name	Opponent	Date	Tournament Director Signature

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** Score should be the score when this pitcher finished pitching in that game. A separate sheet may be attached if more space is required