

## APPLICATION FOR COMBINED TEAMS

## Regular Season and Tournament Play

## **DIRECTIONS:**

A separate form must be completed for each regular season division (level of play).

ALL blocks MUST be completed/filled-in or this application will NOT be processed.

## The application must be approved by the district administrator PRIOR to your player selection/draft.

Tournament team combination must be approved by the regional director PRIOR to leagues forming a combined tournament team.

These combination requests must be submitted and approved prior to the deadline established in the current season tournament rules.

Leagues listed on this form and requesting to combine in the selected division may not combine with any other leagues in the same division.

Tournament teams may not be announced until eligibility and availability requirements have been met according to the current year's rulebook.

These combination requests must be submitted and approved prior to the deadline established in the current season tournament rules.

(Check One)	[ ] Baseball	Regular Season Division (Check one)							Tournament Play					
(Check One)	[ ] Softball	[ ] Tee 1	Ball			[ ] Intermediate			[ ] 8-10s				[ ] Intermediate	
		[ ] Mino	ors			[ ] Ju	niors		[]9-	11s			[ ] Juniors	
		[ ] Majors				[ ] Seniors				[ ] 10-12s			[ ] Seniors	
	[ ] Challenger				Sr. Challenger									
	Each League below must charter in the division checked above							Indicate the division(s) in which the leagues are requesting to combine for tournament play						
Leagues Involved		Nun	]											
League ?			1	1	l	Спеске	d above	: 		1	I			
League Name /	Population: Required for	# of											President's	
League ID No.	Tournament	Players	4/6	7/8	9	10	11	12	13	14	15	16	Signature	
1			-, -	- , -									5-8	
2		1												
2														
3														
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Identify the league n	umbers above u		•	ig to co	OHIDH			пені р	пау [пп			mee (	o) leagues]:	
		[ ]					2			[ ]	3			
						orm to j								
	I have re											ent pla	ıy	
		and I rec	omme	end app	proval	based	on the	e infor	mation	prov	ided.			
District Administrator						State / District							Date	
District		ard completed	attlicati	on to roai	onal dire	ctor for a				nhination	is roano	ctad	Date	
	1 01111	_		_		rnament	_				is reque.	<i></i>		
Request for tournam	ent combination	n is:	] A <sub>1</sub>	prove	ed	[ ]	Denie	ed						
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Regional Director						Date								
NOTES:														
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