



NATIONAL AMATEUR BASEBALL FEDERATION INC.

NABF CLASSICS CHAMPIONSHIP SERIES

YEAR _____

Team Name: _____ State: _____

INDIVIDUAL TEAM CERTIFICATION FOR ELIGIBILITY

	PLAYER'S FULL NAME	BIRTH DATE	PERMANENT RESIDENCE ADDRESS-CITY-STATE-ZIP
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_____	_____	_____
Team Manager:	Coach:	Coach:
_____	_____	_____
Address:	Address:	Address:
_____	_____	_____
City State Zip	City State Zip	City State Zip
_____	_____	_____
Phone No.	Phone No.	Phone No.
_____	_____	_____
Email Address	Email Address	Email Address
Certified Manager's Signature _____		
Date _____		