

GULFCOAST ALL-STAR DRAFTED LEAGUE CHAMPIONSHIP PLAYER AFFIDAVIT

2017

(NAME OF LEAGUE)

(NAME OF TEAM AND AGE)

	<u>NAME OF PLAYER</u>	<u>LEAGUE TEAM NAME</u>	<u>PLAYER BIRTH DATE</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____
6)	_____	_____	_____
7)	_____	_____	_____
8)	_____	_____	_____
9)	_____	_____	_____
10)	_____	_____	_____
11)	_____	_____	_____
12)	_____	_____	_____
13)	_____	_____	_____
14)	_____	_____	_____
15)	_____	_____	_____

	<u>MANAGER/COACH</u>	<u>CONTACT #</u>	<u>EMAIL</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

I HEREBY CERTIFY THAT THE PLAYERS LISTED ABOVE HAVE PLAYED IN AT LEAST ONE-HALF OF THEIR TEAM'S GAMES DURING THE REGULAR SEASON.
I ALSO CERTIFY THAT ALL PLAYERS LISTED ABOVE HAVE BEEN CHOSEN THROUGH OUR LEAGUE ALL-STAR SELECTION PROCESS.

(LEAGUE PRESIDENT)