



# Tee Ball Baseball

®  
6331 Chestnut Street  
Milton, FL 32570  
Phone: 850-623-4671  
Fax: 850-623-9559  
[www.youthathleticclub.org](http://www.youthathleticclub.org)

April 2023

Notice: Park Commissioners, League Presidents or Officers  
Re: 2023 Franchise Information  
From: Tee Ball Baseball Headquarters

## Enclosed you will find the following forms:

- 1) **Franchise Form** – fill out and return with check covering fees of \$30.00 per local league team by May 1<sup>st</sup>.
- 2) **Registration Form** – copy enough forms for each league team in your program, fill out and return to Tee Ball Baseball no later than June 1<sup>st</sup>. These forms may be faxed to us at 850-623-9559 or emailed to [sports@youthathleticclub.org](mailto:sports@youthathleticclub.org).
- 3) **Tournament Affidavit Forms** – fill out and have notarized for all tournament teams including Tee Ball World Series and Four and Five Year Old Tournament teams. Bring these affidavits with you for the 7:00 PM Credentials Meeting on Friday, June 9, 2023 at Gospel Projects Park.

The **Tee Ball World Series** will be held beginning Thursday, June 15th and end Tuesday, June 20th at Gospel Projects Park. This year's **Four and Five Year Old Tournament** will be hosted by **Gospel Projects** beginning Friday, June 23rd through June 27th.

## Here are some other important reminders:

-Reminder: Regular 5 oz. baseball will be used. Player Pitcher must wear a face mask on defense.

-Participation in any tournament involving an all-star team or culled players from local league teams not sanctioned by Tee Ball Baseball prior to the Tee Ball World Series and Four and Five Year Old Tournaments may result in LOSS of Tournament privileges.

-The **2023 Tee Ball Rule Book** is available for download at [www.youthathleticclub.org](http://www.youthathleticclub.org).

Please communicate the dates of the Tee Ball sanctioned tournaments to managers, coaches and parents. If you have any questions, send us a fax at (850) 623-9559 or call us at (850) 623-4671.

We trust that you will have a successful season.

Tod Brainard  
Commissioner



# APPLICATION FOR FRANCHISE

## Tee Ball Baseball

Date \_\_\_\_\_

ANSWER FULLY ALL QUESTIONS

1. Name of League \_\_\_\_\_

Mailing address of league \_\_\_\_\_

3. If this is a new league to Tee Ball Baseball this year, what program were you associated with last year?  
\_\_\_\_\_

4. Officers if elected. If not so state. Don't hold up Application. List can be mailed later.

President \_\_\_\_\_

Name	Address/Zip	Cell Phone
Email: _____	Website: _____	

Vice President \_\_\_\_\_

Name	Address/Zip	Cell Phone
Email: _____		

Secretary \_\_\_\_\_

Name	Address/Zip	Cell Phone
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Treasurer \_\_\_\_\_

Name	Address/Zip	Cell Phone
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Name of Player Agent \_\_\_\_\_

5. Financial Information: National Franchise Fees Enclosed:  
\_\_\_\_\_ League teams @ \$30.00 per team . . . . . \$ \_\_\_\_\_

Total amount enclosed . . . . . \$ \_\_\_\_\_

6. Does your league use a player Selection System? \_\_\_\_\_ In your player selection system do all team managers have equal opportunity in the selection of all players? \_\_\_\_\_

Signed: \_\_\_\_\_  
President or other title Address

IMPORTANT: Please return original copy to Tee Ball Baseball, 6331 Chestnut Street, Milton, FL 32570 or fax to 850-623-9559 and duplicate a copy for your league files.

**TEE BALL BASEBALL**  
**2023 LEAGUE PLAYER REGISTRATION BLANK**  
 (Must be mailed to the Commissioner on or before June 1st.)  
 League Failure To Comply Will Forfeit Tournament Privileges.

Name of League \_\_\_\_\_

Mailing Address of League \_\_\_\_\_

Number of Teams in League \_\_\_\_\_

NAME OF TEAM \_\_\_\_\_

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

<u>MANAGER AND/OR COACHES</u>	<u>STREET ADDRESS</u>	<u>PHONE #</u>
_____ (MG)	_____	_____
_____ (CH)	_____	_____
_____ (CH)	_____	_____
_____ (CH)	_____	_____

Only league age players 6 and under listed on above registration are eligible for tournament play.  
 This blank to be mailed on or before June 1<sup>st</sup>.

**--Certification--**

This is to Certify that the above information is correct according to the records of my league and that the players are participation in the above mentioned league during the current season.

Date \_\_\_\_\_ 20\_\_\_\_ Signed \_\_\_\_\_

FAILURE TO COMPLY WITH ABOVE MAY DISQUALIFY  
 YOUR LEAGUE FOR TOURNAMENT PLAY.

\_\_\_\_\_  
 League President or League Representative

# TEE BALL BASEBALL – 4 & 5 YEAR OLD AFFIDAVIT

## WORLD SERIES 2023

\_\_\_\_\_  
 (Name of League)

\_\_\_\_\_  
 (Street Address)

<u>NAME OF PLAYER</u>	<u>STREET ADDRESS</u>	<u>BIRTH DATE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____

<u>MANAGER AND/OR COACHES</u>	<u>STREET ADDRESS</u>	<u>PHONE #</u>
_____ (MG)	_____	_____
_____ (CH)	_____	_____
_____ (CH)	_____	_____
_____ (CH)	_____	_____

I hereby certify that the dates of birth of the players listed above are correct and have been substantiated by Birth Certificates examined by me. These Birth Certificates will be checked against this affidavit by the tournament committee on \_\_\_\_\_. (Date)

I further state that the players listed above have played in at least one-half of their team's games during the regular season.

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
 (Notary)

\_\_\_\_\_  
 (League President)

**TEE BALL BASEBALL – 5 & 6 YEAR OLD AFFIDAVIT**  
**WORLD SERIES 2023**

\_\_\_\_\_  
(Name of League)

\_\_\_\_\_  
(Street Address)

<u>NAME OF PLAYER</u>	<u>STREET ADDRESS</u>	<u>BIRTH DATE</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____

<u>MANAGER AND/OR COACHES</u>	<u>STREET ADDRESS</u>	<u>PHONE #</u>
_____ (MG)	_____	_____
_____ (CH)	_____	_____
_____ (CH)	_____	_____
_____ (CH)	_____	_____

I hereby certify that the dates of birth of the players listed above are correct and have been substantiated by Birth Certificates examined by me. These Birth Certificates will be checked against this affidavit by the tournament committee on \_\_\_\_\_. (Date)

I further state that the players listed above have played in at least one-half of their team's games during the regular season.

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

\_\_\_\_\_  
(Notary)

\_\_\_\_\_  
(League President)