TEXAS EAST DISTRICT 33
SPECIAL GAMES PLAYER VERIFICATION

Date: _____ League ID#: _____

League Name: _____

Player Name: _____ Date of Birth: _____

Parent/Guardian Address: _____

DIVISION	LEVEL	TYPE OF AGE PROOF
□ Baseball	□ Junior Minor	□ Birth Certificate □ Federal/Military
□ Softball	□ Senior Minor	□ In-Lieu Statement *(necessary document from all 4 groups)*

Choose one of the verification methods below and attach supporting documents.

SCHOOL ENROLLMENT PROOF

□ Little League School Enrollment form

School address: _____

_____

PLAYER QUALIFIES VIA REGULATION II

□ This player or their sibling was an active participant this season and has been an active participant in this league since league age 7 or younger without a break in service.

RESIDENCY PROOF ***(list name of document provided from each group)***

□ Group 1 Document: _____

□ Group 2 Document: _____

□ Group 3 Document: _____

WAIVER

□ Charter Committee

□ Regulation II(d)

VERIFICATION

By my signature below, I certify that I have reviewed and verified that the information presented here is true and correct and provided the necessary documentation required to verify league and Special Games eligibility.

LEAGUE OFFICIAL

_____

Printed Name Title Signature Date

DISTRICT ADMINISTRATOR

_____

Printed Name Signature Date