

Tennessee Dizzy Dean

Baseball/Softball Inc.



Tournament Check-In Form

District:	ation:	Date:			
7	ame:	District:		State:	
1. Teams Participating In A Dizzy Dean Tournament Must Provide: 1. Proof of Birth 2. Proof of Insurance 3. A Medical Release Form 4. Team Photo: All names written on back of the photo. Identify each person as they a the front from left to right. 5. Team Roster (properly signed) 6. League Scorebooks 7. Concussion Forms for All Coaches 8. \$250.00 No Show Fee 9. League Schedule 10. A copy of Background Check for all Coaches 2. I understand that I must keep these credentials in my possession at all times. Failu will result in a forfeit if protested. 3. A team that fails to fulfill its obligation to the tournament (i.e. opening ceremonies, consolation bracket, etc.) will be forfeited out of the tournament and appearance fe be refunded. PAYMENT District \$75.00 Check Check Check #: Cash Cash Cash Cash Cash Cash Cash Cash] 7 🔲 10	<u> </u>	_		
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