

**DISTRICT 19 LITTLE LEAGUE PLAYER REPLACEMENT**

This is a PERMANENT replacement for \_\_\_\_\_, \_\_\_\_\_ on the  
Player No. Player Name

\_\_\_\_\_ Tournament team affidavit.  
Division i.e. Junior Baseball

Name: \_\_\_\_\_

1. Street Address and City, State, Zip for the parent or legal guardian (court appointed) of the player named above:

\_\_\_\_\_

2. The address above is \_\_\_\_\_ inside \_\_\_\_\_ outside the league boundaries as detailed on the attached map.

3. \_\_\_\_\_: Birth date of this player.  
mm/dd/yy

4. \_\_\_\_\_: This player's regular season team.

5. \_\_\_\_\_: No. of regular season games played by the team above, as of June 15 of the current year.

6. \_\_\_\_\_: Number of games played by this player during the regular season, as of June 15 of the current year, on the team named in No. 4.

\_\_\_\_\_  
League Name and President's signature / date

By my signature above, I have verified that the information regarding this player's eligibility under all regulations (league age, residence and participation for one-half of the regular season as of June 15 of the current year) have been found to be acceptable.

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