



Tri-T Baseball/Softball League, Inc.

Post Office Box 14252 ☎ Poland, Ohio 44514

DECLARATION OF STATUS

League Name _____ **Team Type (chose one)**

Local Division Director _____ Pony Baseball

Phone (_____) _____ Pony Fast Pitch Softball

Email _____ Combined Colt/Palomino Baseball

Number of Teams _____ Combined Colt/Palomino Fast Pitch Softball

Please list in order from strongest to weakest. Classic division (C) is the higher division. Player Division is the lower division.

Division - C or P	Team Name	Manager Name	Home Phone	Cell Phone

_____ Number of Teams
 X \$200.00 Entry Fee per team
 \$_____ TOTAL AMOUNT DUE TRI-T

Approved by Local Community League President *(and/or League Director if applicable)*.

Local Community League President Signature

Local Community League Director Signature

Date

Date

THIS SECTION TRI-T USE ONLY

Payment received by	Check #	Date Received