



# 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 \_\_\_\_\_

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

Division	Cor 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