



For Promotion, Promulgation and Perpetuation of Amateur Baseball

Established in 1914

Application for Reinstatement of Players with Professional Experience

NATIONAL AMATEUR BASEBALL FEDERATION, INC.

APPLICATION FOR REINSTATEMENT OF PLAYERS WITH PROFESSIONAL EXPERIENCE

Fill out completely and return to: (PLEASE PRINT - Deadline: July 20 of current year)

National Amateur Baseball Federation

P.O. Box 4099

Brandon, MS 39047

APPLICATION MUST BE ACCOMPANIED BY \$15.00 REINSTATEMENT FEE TO DEFRAY COST OF OBTAINING OFFICIAL TRANSCRIPT OF APPLICANT'S PROFESSIONAL RECORD AND HANDLING, AND A COPY OF DISPOSITION OF PLAYER'S CONTRACT AND SERVICES FROM THE NATIONAL ASSOCIATION OF PROFESSIONAL BASEBALL LEAGUES.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number _____ Email Address _____

Social Security Number: _____

Place and Date of Birth: _____

Name of NABF team and league with which I expect to play, if reinstated:

Team: _____ League: _____

League Executive's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number _____ Email Address _____

PROFESSIONAL EXPERIENCE

Position: _____ Year(s) Played _____

Highest Class in which I played: (Class/Year) _____

The last club with which I played professional baseball was:

(Team) _____ (League) _____ (Class) _____ (Year) _____

Current Status: _____

(Released Outright, Voluntarily Retired, etc.) _____

I certify that the above information is correct and complete, to the best of my knowledge and belief, and understand that in the event a reinstatement is issued on the basis of false and/or incomplete information supplied by me, such reinstatement shall become null and void and all games in which I participate shall be subject to forfeiture.

By: _____
(Date) (Signature)