

National Amateur Baseball Federation, Inc.

EIGHT ANNUAL TOURNAMENTS

☐ MAJOR  
Unlimited

☐ COLLEGE  
23 & Under

☐ SENIOR  
18 & Under

☐ HIGH SCHOOL  
17 & Under

☐ JUNIOR  
16 & Under

☐ SOPHOMORE  
14 & Under

☐ FRESHMAN  
12 & Under

☐ ROOKIE  
10 & Under

To: Executive Director, NABF Date: \_\_\_\_\_

Please register the designated league listed below and all member teams in the age division checked above. I understand league/teams certification is due not later than July 1 of current year (NABF Rule \*). \* I further understand the eligibility list of each teams players (team rosters) from the teams listed below is due not later than 15 days prior to the start date of the NABF Tournament my association is assigned.

Franchise Fee Paid ☐ Yes ☐ No Tournament Fee Paid ☐ Yes ☐ No

PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION BELOW.

Name of Franchise \_\_\_\_\_

Name of League \_\_\_\_\_

Name of President or Commissioner \_\_\_\_\_ Signature \_\_\_\_\_

Street Address \_\_\_\_\_ Phone No. (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Secretary \_\_\_\_\_ Signature \_\_\_\_\_

Street Address \_\_\_\_\_ Phone No. (    ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

TEAM	MANAGER (& Manager's Email Address)	PHONE NO. (& Area Code)

PLEASE RETURN ALL COPIES TO NABF NATIONAL OFFICE

By July First of Current Year

MAIL TO:  
NABF  
P.O. Box 4099  
Brandon, MS 39047  
(769) 251-5158