ACME BASEBALL CONGRESS

2010 OFFICIAL ELIGIBILTY CERTIFICATE/ APPLICATION FOR JR. ACME & SR. ACME

Eligibility Certificate/ Application Due: June 1st *(No Exceptions & No Changes)*

Entry Fee: $50.00 per team and Must Be Paid By June 1st. Fees After June 1st will be $100.00 per team

Team Name: _____School District: _____

City: _____ County: _____ ACME District: _____

➪The undersigned desires to apply for membership in the ACME Baseball Congress, Inc. Therefore, enclosed find remittance in the amount of $50.00, which includes complete cost for regular season and tournament fees for the entire season. It is understood that we are hereby entitled to all privileges and rights with are now and may be established to members of the ACME Baseball Congress, Inc.

➪The undersigned manager agrees not to hold the ACME Baseball Congress, Inc., Board of Trustees, Officers, Commissioner, Assistant Commissioner, and any other persons affiliated with ACME BASEBALL Congress, liable for any accidents or injuries to my youth that may occur during practice, league or tournament play. The manager agrees that all players and parents/guardians each agree to adhere to all rules and regulations set forth by ACME Baseball Congress, Inc., Ohio High School Athletic Association. By signing this form you understand by your signature that each team member will carry our own Health, Vehicle or any other insurance that is deemed necessary for your youth to participate and that we do not hold ACME Baseball Congress, Inc., its Board Of Directors, Officer, Commissioner, Assistant Commissioners or any other persons affiliated with ACME Baseball Congress, Inc. responsible.

Manager's Name: _____ Address:_____

City: _____ State: _____ Zip: _____ Phone #: _____Cell #: _____

Manager's Signature: _____ Date: _____

Coaches' Names	Home Phone #	Cell Phone #	Email Address

Please Check: ❒ Sr. ACME TEAM ❒ JR. ACME TEAM ❒ BOTH AMT. ENCLOSED: $_____

Player Roster

Please Type

Student's Names Alphabetically, Last Name, First Name,	Grade	Student's Names Alphabetically, Last Name, First Name,	Grade
1		21	
2		22	
3		23	
4		24	
5		25	
6		26	
7		27	
8		28	
9		29	
10		30	
11		31	
12		32	
13		33	
14		34	
15		35	
16		36	
17		37	
18		38	
19		39	
20		40	

This must be mailed with a check or money order by June 1st of the given year.

Authorized Signature: High School Administrator or Athletic Director

_____ _____ _____ _____

Authorized Signature Only Title School Date

****Please Return Completed Form To: Kristi Spencer; 13432 Waynesfield Rd.; Wapakoneta, OH 45895 ****

email <spenkr@watchtv.net>