

RANGER YOUTH SOFTBALL TOURNAMENT COACH REPLACEMENT AFFIDAVIT

THIS IS TO CERTIFY THAT _____, a coach
of the _____ League, # R - _____ City _____ State _____ tournament team
will be unable to continue participation in the 20____ Ranger Youth Baseball tournament program because:

Signature of Coach or League Representative

LEAGUE CERTIFICATION

Following an investigation of the above, I hereby approve the replacement of _____
Name of coach being replaced
by _____ Mailing St. Address _____,
City _____ State _____ Zip Code _____

I hereby certify that _____ has been registered as member of our
local organization as set forth in the Ranger Youth Baseball Rules during the current season.

Signature _____
League President or Representative as registered with Ranger Youth Baseball, Inc. Current Season

Address _____

Name of League _____

City _____ State _____

STATE CHAIRMAN OR DISTRICT DIRECTOR

_____ is in my opinion an acceptable coach according to the rules of
Ranger Youth Baseball, Inc. Replacement as requested above is hereby approved:

Signature _____

Ranger Title _____

Date: _____