LETTER OF ELIGIBILITY

☐ GIRLS /	□ BOYS
A completed and signed form is requi	red for any tournament competition.
INITIAL WHERE COMPLETED	
Date Franchise applied on	
Accident Group Insurance: Co-Name and Po	blicy #:
All Star Team Roster:	
Local League Team Rosters included in cred	entials. Number of Rosters
Discrepancies:	
Special Team Players must be on local Leag	ue Rosters.
Discrepancies:	
League schedule: a minimum of nine (9) gar	nes.
Start Date: Fin	nish Date:
Discrepancies:	
League Score Books checked for Special Te	am Players.
Players must have played at least 1/2 of his te	am's games. (A minimum of 5 games)
Discrepancies:	
All birth certificates are either original or a not	arized photostat of original with seal of notary.
Discrepancies:	
All "X" forms completely filled out and signed	with current pictures of players.
Discrepancies:	
Team Photos must be included with credenti	als
Discrepancies:	
PCA Double-Goal Coach Course completion	certificate (s)
Number of bench personnel:	Number of certificates:
I certified that I have personally checked the above team will be eligible to participate in tournament	
Signature:	
Biddy Director	Date