



BABE RUTH LEAGUE, INC.

A Non-Profit Tax-Exempt Organization for 5 to 18 Year Old Players



Website: www.baberuthleague.org

INTERNATIONAL HEADQUARTERS: 1770 Brunswick Pike, P.O. Box 5000, Trenton, NJ 08638

Phone: 609-695-1434 Fax: 609-695-2505

Winston-Salem, NC Office: 823 W. Fifth Street - Suite D, Winston-Salem, NC 27101

Phone: 336-733-5115 Fax: 336-733-5153

WAIVER REQUEST

NAME OF LEAGUE: _____

CITY: _____ STATE: _____

DIVISION: Baseball: _____ Cal Ripken _____ 13 Prep _____ 13-15 _____ 16 Prep _____ 16-18

Softball: _____ 12&Under _____ 14&Under _____ 16&Under _____ 18&Under

LEAGUE PRESIDENT: _____

ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE: Home _____ Work _____

Fax _____ Email _____

RULE TO BE WAIVED: Rule#: _____ Paragraph: _____

REGARDING: _____

REASON FOR REQUEST: _____

Signed (League President): _____ Date: _____

FORWARD THIS FORM TO YOUR DISTRICT COMMISSIONER

DISTRICT COMMISSIONER: _____

ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE: Home _____ Work _____

Fax _____ Email _____

_____ APPROVAL RECOMMENDED _____ DENIAL RECOMMENDED

COMMENTS: _____

Signed (District Commissioner): _____ Date: _____

DISTRICT COMMISSIONER PLEASE FORWARD THIS IMMEDIATELY TO YOUR STATE COMMISSIONER

(Continued on Other Side...)

STATE COMMISSIONER: _____

ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE: Home _____ Work _____
Fax _____ Email _____

_____ APPROVAL RECOMMENDED _____ DENIAL RECOMMENDED

COMMENTS: _____

Signed (State Commissioner): _____ Date: _____

STATE COMMISSIONER PLEASE FORWARD THIS IMMEDIATELY TO YOUR REGIONAL COMMISSIONER

REGIONAL COMMISSIONER: _____

ADDRESS: _____

CITY, STATE, ZIP _____

TELEPHONE: Home _____ Work _____
Fax _____ Email _____

_____ APPROVAL RECOMMENDED _____ DENIAL RECOMMENDED

COMMENTS: _____

Signed (Regional Commissioner): _____ Date: _____

REGIONAL COMMISSIONER PLEASE FORWARD THIS IMMEDIATELY TO YOUR NATIONAL COMMISSIONER

DO NOT WRITE BELOW THIS LINE. FOR OFFICE USE ONLY.

_____ This waiver has been approved.

_____ This waiver has been denied.

Signature: _____

(Commissioner of Babe Ruth League, Inc.)

Date: _____

This waiver is good for the _____ season only and all other Babe Ruth League, Inc. Rules and Regulations must be adhered to in order to be eligible for tournament play.