



WEB SITE: www.baberuthleague.org
INTERNATIONAL HEADQUARTERS: 1770 Brunswick Pike, P.O. Box 5000, Trenton, NJ 08638

Waiver Request

NAME OF LEAGUE: _____

CITY: _____ STATE: _____

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

PLEASE 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 next page)

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.