



# BABE RUTH LEAGUE, INC.

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

WEBSITE: www.baberuthleague.org  
HEADQUARTERS: 1770 Brunswick Pike, P.O. Box 5000, Trenton, NJ 08638  
Phone: 609-695-1434 Fax: 609-695-2505



## 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 2007 season only and all other Babe Ruth League, Inc. Rules and Regulations must be adhered to in order to be eligible for tournament play.