



2019 Baseball Alberta Roster Replacement Application



Application and a \$25 Fee Must be Delivered to the Baseball Alberta Office for Approval at Least 4 Business Days Prior to the First Game to be Played by the Replacement Player. Please ensure that you include any required supporting documentation (medical note, letter from family indicating they are moving, etc.)

DATE: _____

TEAM NAME: _____

CATEGORY: (Check 1 Box)

11U 13U 15U 18U

DIVISION: (Check 1 Box)

A AA AAA

REPLACEMENT PLAYER'S NAME: _____

(NOTE: REPLACEMENT PLAYER MUST BE REGISTERED WITH BASEBALL ALBERTA IN THE CURRENT PLAYING YEAR AS OF JUNE 1 AND CANNOT BE FROM A HIGHER DIVISION OF PLAY OR BE ON ANY OTHER PROVINCIAL ROSTER.)

REPLACEMENT PLAYER'S DATE OF BIRTH: _____

REPLACEMENT PLAYER'S HOME ASSOCIATION: _____

HOME PHONE NUMBER: _____

REASON FOR REPLACEMENT:

NAME OF PLAYER BEING REPLACED: _____

(NOTE: PLAYER BEING REPLACED MUST BE AN APPROVED PLAYER ON YOUR CURRENT ROSTER.)

OFFICE USE ONLY

REPLACEMENT FEE (\$25) PAID BY: _____

DATE RECEIVED: _____

APPROVED ON DATE: _____