



# LITTLE LEAGUE® BASEBALL AND SOFTBALL TOURNAMENT PLAYER VERIFICATION



Date Requested June 1, 2017 (check one)  BASEBALL  SOFTBALL  
 League Name Hometown County League ID# 03461025

## PLAYER INFORMATION AND DOCUMENTATION

Player Name Robert Evans Jones Date of Birth 10/24/2007  
 (must be name as shown on the birth documentation)

### TYPE OF AGE PROOF: (CHOOSE ONE)

Board of Health/Registrar of Vital Statistics  Federal/Military  In-Lieu Statement (necessary document from all four groups)

### RESIDENCY PROOF: (CHOOSE ONE OR MORE DOCUMENTS FROM EACH OF THE THREE GROUPS)

#### ADDRESS OF PARENT OR LEGAL GUARDIAN

Street Address 15 Main Street City, State, Zip Hometown, VA 12345

#### GROUP ONE

- Driver's License
- School Records
- Vehicle Records (i.e., registration, lease, etc.)
- Employment Records
- Insurance Documents

#### GROUP TWO

- Welfare/Child Care Records
- Federal Records (i.e., Federal Tax, Social Security, etc.)
- State Records
- Local (Municipal) Records
- Support Payment Records
- Homeowner/Tenant Records
- Military Records

#### GROUP THREE

- Voter's Registration
- Utility Bills (i.e., gas, electric, water/sewer, phone, mobile phone, heating, waste disposal)
- Financial Records (i.e., loan, credit, investments, etc.)
- Medical Records
- Internet, Cable, or Satellite Records

- OR -

### SCHOOL ENROLLMENT PROOF: (CHOOSE ONE)

- Official/Certified school enrollment record dated prior to October 1 of current academic year
- A Little League issued school attendance form completed by the school administrator, principal, or vice principal

#### SCHOOL ADDRESS

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Existing Waiver (if applicable):  II(d) Waiver  IV(h) Waiver  Charter Committee Waiver

All residency documentation must be attached to this form

## VERIFICATION

**Parent or Legal Guardian Agreement:** By my signature below, I certify that all the information provided for this Tournament Player Verification is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence eligibility now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient then Little League Baseball®, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials and/or the league which could result in suspension and/or terminations with Little League Baseball, Incorporated.

Franklyn Jones

Name (Printed) of Parent/Legal Guardian

Franklyn Jones

Signature of Parent/Legal Guardian

June 8, 2017

Date

**League President's Verification:** I have reviewed and verified that the information presented here is true and correct and provides the necessary documentation required by Little League to verify league/tournament age and residence/school attendance eligibility. If the Charter/Tournament Committee subsequently finds that the information submitted as acceptable documentation regarding league/tournament age and residence eligibility now shows that the previously submitted information/documentation was falsified, misrepresented or insufficient then Little League Baseball, Incorporated reserves the right to impose sanctions and/or penalties on all appropriate parties, including but not limited to players, coaches, tournament teams, league officials and/or the league which could result in suspensions and/or terminations with Little League Baseball, Incorporated.

John Smith

Name (Printed) of League President

John Smith

Signature of League President

June 10, 2017

Date

**District Administrator's Review:** I have reviewed the residency documentation and players' original birth certificate, and the information presented here, to the best of my knowledge, appears to be acceptable under Little League standards and guidelines.

R. L. Sottile

Name (Print) of District Administrator

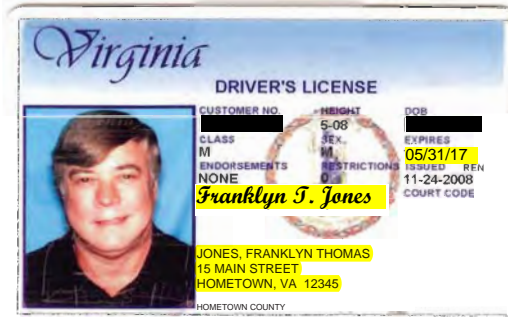
Signature of District Administrator


Date

NOTE: This form and attached original documentation must be retained by the player's parent or legal guardian as well as a copy retained by the local league. It is recommended that the District Administrator also maintain a copy.

Last Updated: 12/2/2016

Note the names, address and effective date information are highlighted in yellow on each proof.



**Jul 27, 2016** **Budget Bill** 

**Franklyn T Jones** **15 Main Street**  
**Mary E Jones** **Hometown, VA 12345**

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**Billing and Payment Summary** **Explanation of Bill Detail**

Account # 2166347704 **Due Date: Aug 18, 2016** **Customer Service 1-866-DOM-HELP (1-866-366-4357)**

**Total Budget Due: \$ 182.99**


To avoid a Late Payment Charge of 1.5% please pay by **Aug 18, 2016**.

Previous Amount Due:	\$	181.77	Previous Balance	102.76CR
Payments as of Jul 27:	\$	181.77CR	Payment Received	177.78CR
			<b>Balance Forward</b>	<b>280.54CR</b>

*Residential Service (Schedule 1)* **06/23-07/26**

Distribution Service	45.28
Electricity Supply Svc (ESS)	
Generation	139.75
Transmission	29.64
Fuel	46.20

DMVVD164 RG2000P5 150

 **VIRGINIA MOTOR VEHICLE REGISTRATION** VSA-0 (REV 08/06)

Title Number	Veh. Identification Number (VIN)	Date Issued	Plate Number	Plate Type	Sticker	Expiration Date	
62677299	1HD1GEL45WY321259	03/15/15	117198	MC		05/31/17	
Vehicle Make	Model	Body	Year	Color	Fuel	Vehicle Use	Axles
HARLEY DAVIDSON	FXDWG ANNIV.	ROAD-STREET	1998	MAR	GAS	PRIVATE	2
Purchase Date	Odometer at Titling	Lien at Reg	EW	GW	GVWR	GCWR	Unit #
05/08/98	7 ACTUAL	N	0000				

**JONES, FRANKLYN THOMAS**  
**15 MAIN STREET**  
**HOMETOWN, VA 12345**

HOMETOWN COUNTY

CMA 200  
 INTNET



DMV verifies insurance coverage of all registered vehicles. If you cancel your insurance, notify DMV and return the license plates. If you do not notify DMV, your driver's license will be suspended and all of your vehicle license plates will be cancelled.

This card must be carried in the motor vehicle when in operation but does not permit holder to operate a motor vehicle.

# Certification of Birth

DATE OF BIRTH 10-24-2007

FILE NO. 2231920-1953

COUNTY OF BIRTH BLAIR

DATE FILED 12-13-2007

DATE ISSUED 07-07-2008

NAME ROBERT EVANS JONES

SEX MALE



This is to certify that this is a true copy of the record which is on file in the Pennsylvania Department of Health, in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

*Calvin B. Johnson*

Calvin B. Johnson, M.D., M.P.H.  
Secretary of Health

*Charles Hardester*

Charles Hardester  
State Registrar



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