

KNOTHOLE DISTRICT TEAM AUTHORIZATION FORM

Team: _____ Class: _____ Date: _____
Tournament Name: _____ Affiliation: _____
Dates of Tournament: _____

I, the undersigned Manager, request permission for my Knothole Team to play in the above Tournament on the dates listed. I agree to abide by all applicable Knothole Rules including, but not limited to, Player eligibility, equipment, and use of the Knothole Pitcher as described in Rule 17 of the Knothole Official Rules. Specifically, I will not pitch a Player without 2 complete nights rest between pitching assignments regardless of the rules of the above tournament. I understand that a violation of Knothole rules will subject my Team to discipline by the District Supervisor as stated in Rule 23 of the Knothole Official Rules.

I also affirm that Tournament play will not interfere with regular District League games.

Manager Signature and Date _____
Print Manager Name & Team Name

MKA Supervisor/ Board Member Signature/ Date _____
Print Name & MKA Position

I, Chris Kuczek, as District 34 Supervisor, grant permission for the above legal Knothole Team to participate in the above Tournament in accordance with Rule 23 of the Knothole Official Rules.

District 34 Supervisor Signature/ Date _____
Print Name & Position