



**BABE RUTH LEAGUE, INC.**  
*A Non-Profit Tax-Exempt Organization for 5 to 18 Year Old Players*



WEBSITE: [www.baberuthleague.org](http://www.baberuthleague.org)  
 INTERNATIONAL HEADQUARTERS: 1770 Brunswick Pike, P.O. Box 5000, Trenton, NJ 08638  
 Phone: 609-695-1434 Fax: 609-695-2505  
 PFAFFTOWN, NC OFFICE: 823 W. Fifth Street – Suite D, Winston-Salem, NC 27101  
 Phone: 336-733-5113 Fax: 336-733-5153

**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: Darren Mooney

ADDRESS: PO Box 6

CITY, STATE, ZIP Waretown, NJ 08758

TELEPHONE: Home 609-312-1815 Work \_\_\_\_\_

Fax \_\_\_\_\_ Email dmooney28@verizon.net

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 **2017** season only and all other Babe Ruth League, Inc. Rules and Regulations must be adhered to in order to be eligible for tournament play.