



SNJ BABE RUTH SOFTBALL 2025 WAIVER REQUEST



THE WAIVER REQUEST SHOULD BE FILLED OUT AND SIGNED BY THE LEAGUE PRESIDENT. THE REQUEST SHOULD THEN BE FORWARDED TO YOUR LEAGUE'S DISTRICT COMMISSIONER. THE ENTIRE FORM MUST BE SUBMITTED FOR THE WAIVER REQUEST TO BE REVIEWED BY YOUR DISTRICT COMMISSIONER.

NAME OF LEAGUE: _____ DISTRICT: _____

CITY: _____ DIVISION: 12U 16U 18U

LEAGUE PRESIDENT: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL: _____

RULE TO BE WAIVED: RULE#: _____ PARAGRAPH: _____

REASON FOR REQUEST: _____

Signed (League President): _____ Date: _____

FORWARD THIS FORM TO YOUR DISTRICT COMMISSIONER

DISTRICT COMMISSIONER: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL: _____ APPROVAL RECOMMENDED DENIAL RECOMMENDED

COMMENTS: _____

SIGNED: (DISTRICT COMMISSIONER) _____ DATE: _____

DISTRICT COMMISSIONER PLEASE FORWARD THIS IMMEDIATELY TO YOUR STATE COMMISSIONER

STATE COMMISSIONER: DARREN MOONEY PHONE: 609-312-1815 EMAIL: dmooney28@verizon.net

ADDRESS: PO BOX 6, WARETOWN, NJ 08758 APPROVAL RECOMMENDED DENIAL RECOMMENDED

COMMENTS: _____

SIGNED: (STATE COMMISSIONER) _____ DATE: _____

STATE COMMISSIONER PLEASE FORWARD THIS IMMEDIATELY TO YOUR REGIONAL COMMISSIONER

REGIONAL COMMISSIONER: _____ PHONE: _____

ADDRESS: _____ CITY/STATE/ZIP: _____

EMAIL: _____ APPROVAL RECOMMENDED DENIAL RECOMMENDED

COMMENTS: _____

SIGNED: (REGIONAL COMMISSIONER) _____ DATE: _____

REGIONAL COMMISSIONER PLEASE FORWARD THIS IMMEDIATELY TO YOUR NATIONAL COMMISSIONER