

DIXIE SOFTBALL.
42 YEARS OF
FUN FOR GIRLS.

Application & Annual Billing for Franchise Fees Form

Dixie Softball, Inc.

1101 Skelton Drive
Birmingham, AL 35224



NOTE: SweeTees, Darlings, Angels, Ponytails, Belles
 & Debs shall be considered as *TRADITIONAL*

National and State Fees due on or
 before April 1, 2018

DIXIE SOFTBALL, INC. (DSI) NATIONAL AND STATE FEES ARE NOW DUE. Please complete this form and return to the above address in order to franchise your league for the 2018 season. DSI requires all franchised leagues to register all teams participating in their league. THE ANNUAL LEAGUE FRANCHISE FEES MUST BE PAID PRIOR TO YOUR LEAGUE'S FIRST REGULAR SEASON GAME. {FRANCHISE FEES POSTMARKED AFTER APRIL 1, 2018 WILL RESULT IN THE ASSESSMENT OF A \$50.00 LATE PENALTY}

	# of Teams	National Fees	State Fees	TOTAL Fees
SweeTees	_____	@ \$20 per team = \$_____	plus \$30 = \$_____	
<i>SweeTees X-play</i>	_____	@ \$20 per team = \$_____	plus \$30 = \$_____	
Darlings	_____	@ \$20 per team = \$_____	plus \$30 = \$_____	
Angels	_____	@ \$20 per team = \$_____	plus \$30 = \$_____	
<i>Angels X-play</i>	_____	@ \$20 per team = \$_____	plus \$30 = \$_____	
Ponytails	_____	@ \$20 per team = \$_____	plus \$30 = \$_____	
<i>Ponytails X-play</i>	_____	@ \$20 per team = \$_____	plus \$30 = \$_____	
Belles	_____	@ \$20 per team = \$_____	plus \$30 = \$_____	
Debs	_____	@ \$20 per team = \$_____	plus \$30 = \$_____	

Include \$50.00 late fee ONLY if postmarked after April 1 = \$_____

Make checks payable to Dixie Softball, Inc. Total Fees Enclosed \$_____

If address info below is INCORRECT, please make CHANGES

FRANCHISE # S- _____ DISTRICT # _____
 (Franchise & District #'s for new and returning leagues will be assigned – contact 205-785-2255)

LEAGUE NAME _____

LEAGUE ADDRESS _____

CITY _____ STATE: _____ ZIP _____

League Officials:	Name	Address	City & Zip Code	Phone Number
President	_____	_____	_____	() _____
Vice President	_____	_____	_____	() _____
Secretary	_____	_____	_____	() _____
Treasurer	_____	_____	_____	() _____
Contact or League E-mail Address (REQUIRED):		_____ (print clearly)		

"I certify this league will comply with all organizational requirements such as boundary, population, playing rules, player selection and participation, etc., as outlined in the current edition of the official DSI Rule Guide. In addition, I understand the National Board of Directors of DSI strongly recommends all franchised leagues adopt and implement a child abuse/molestation risk management program. Due to the fact that DSI has no operational control over league security, including the selection of local league volunteers, our league understands it is solely responsible for adopting and implementing a child abuse/molestation risk management program. Therefore, as a condition to maintain its DSI rights, our league hereby indemnifies and holds harmless DSI and its officers, directors, state and district officials, and administrative employees, (collectively the "releasers"), from any legal action, including reasonable attorney fees, based on child abuse/molestation allegations including any allegation of negligence on the part of any or all of the releases, arising from any team tournaments or any activity of our league".

Signed _____ Title _____ Date ____/____/2018 **RETAIN A COPY FOR YOUR LEAGUE RECORDS**