



Religious Institution Verification

Church Name: _____

Church Address: _____

Church Phone: _____

Team Name: _____

Team Manager: _____

Number of Players Listed on Team Roster: _____

To Whom it May Concern:

This letter is to certify that I am a pastor or religious leader at the above-named religious institution. I am aware that the team manager named above has organized a team to participate in the City of Selma Church Softball League. I have reviewed the team roster and verified that all players listed attend services at least two times each month.

If you have any questions, you may contact me at the information above.

Pastor Printed Name: _____

Pastor Signature: _____

Date: _____