



# Pennsylvania PREP Legion Baseball Entry and Insurance Form

20 17

PO Box 2324  
Harrisburg, PA 17105  
(717) 730-9100

This form, accompanied by the required fee noted below, must be received by the Regional Director on the date he specifies. (in any event, no later than May 1<sup>st</sup>.)

"COVERAGE WILL NOT APPLY IF PARTICIPATING IN A NON-LEGION SPONSORED GAME OR TOURNAMENT.

The effective date of insurance is the day after the date the application & payment are received by Affinity Insurance Services, Inc.

ALL PREMIUMS ARE FULLY EARNED - NO REFUNDS WILL BE GIVEN

Date of application: \_\_\_\_\_, 20\_\_\_\_

ENTRY - \$ 100.00 Payable to "Pennsylvania Legion Baseball"  
INSURANCE - \$ 195.00 Payable to "HDH Group"

NAME OF TEAM

TEAM SPONSOR

NAME OF LEAGUE

I hereby make application on behalf of the above-mentioned team to participate in the **2017** Pennsylvania PREP Legion Baseball Program.  
PLEASE TYPE OR PRINT LEGIBLY.

## TEAM MANAGER:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work \_\_\_\_\_  
Signature \_\_\_\_\_  
EMAIL: \_\_\_\_\_

## TEAM OFFICIAL WHO WILL CERTIFY CLAIMS:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Work \_\_\_\_\_  
Signature \_\_\_\_\_

\_\_\_\_ If you are in need of a Certificate of Insurance please check here and indicate the name and address of certificate holder:

\_\_\_\_ Number of Certificates Needed [The **CERTIFICATE OF INSURANCE** is issued at no charge.]

GPS/MAPQUEST ADDRESS OF HOME FIELD: \_\_\_\_\_

PREP REPRESENTATIVE \_\_\_\_\_ DEPARTMENT ADJUTANT \_\_\_\_\_