



Pennsylvania PREP Legion Baseball Entry and Insurance Form

20 16

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 1st.)

"COVERAGE WILL NOT APPLY IF PARTICIPATING IN A NON-LEAGION 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 - \$ 190.00 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 **20 16** 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 _____