



Pennsylvania **SANDLOT** Legion Baseball  
Entry and Insurance Form

2016

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 - \$ 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 **2016** Pennsylvania Youth 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: \_\_\_\_\_

SANDLOT BASEBALL REPRESENTATIVE \_\_\_\_\_

DEPARTMENT ADJUTANT \_\_\_\_\_