Pennsylvania SENIOR	Team Name
Legion Baseball 20	_ Registration Form
Legion Post #	
City and State	
Financial Booster	
INSURANCE CARRIER: SA VAN DYKE	Accident Policy No
This insurance carrier is mandatory!	Liability No.
Outside Sponsoring Organization – (Complete this a	rea if local Legion Post chooses not to affiliate as team sponsor).
Organization	Phone No
Address	President
City, State, Zip	Signature

## Visit Legion Baseball on the Web – <u>www.pa-legion.com</u>

Notice: This form must be filed with Department Baseball Chairman, along with the following form:
Parents' Consent and Release Form #2

## **Team Certification:**

We hereby certify that the players listed under PLAYER ROSTER have signed with this American Legion Baseball team and that all information listed is correct, to the best of our knowledge.

Team Manager	
Street, City, Zip	Signed
Phone	
Coach	
Street, City, Zip	Signed
Phone	
Coach	
Street, City, Zip	Signed
Phone	
Department Certification: Si	gnature
1. Team has properly registered by deadline	Department Baseball Chairman
2. Team has purchased proper liability and medical in	
3. Team has filed Form #2.	Phone
	Date

**REGISTRATION FORM MUST BE TYPED** 

Pennsylvania SENIOR Legion Baseball Player Roster (Type in alphabetical order)

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Team Name

1.Name (Last-First-Middle Initial) 2. Parent's Address, City, State, Zip	105	BIRTHDATE	BIRTH	
2. Parent's Address, City, State, Zip 1.	AGE	(mm/dd/yy)	CERT. #	SIGNATURE
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Senior Player Roster Must Be Typed. Only 18 Players per Team are Permitted.

\* - Denotes 15 years old.X - Denotes Double Roster