



Pennsylvania

SENIOR

Legion Baseball 20 Registration Form

Team Name _____

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 area 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 – www.pa-legion.com

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 _____ Signed _____

Street, City, Zip _____

Phone _____

Coach _____ Signed _____

Street, City, Zip _____

Phone _____

Coach _____ Signed _____

Street, City, Zip _____

Phone _____

Department Certification: _____ Signature _____

- Team has properly registered by deadline
- Team has purchased proper liability and medical insurance.
- Team has filed Form #2.

Department Baseball Chairman

Phone _____

Date _____

REGISTRATION FORM MUST BE TYPED

