



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

**2018**

**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-LEGIION** 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 - \$ 130.00 Payable to “Pennsylvania Legion Baseball”  
INSURANCE - \$ 200.00 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 **2018** 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: \_\_\_\_\_

**YOUTH BASEBALL REPRESENTATIVE** \_\_\_\_\_

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