



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 legion headquarters, postmarked no later than April 15.

“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 - \$ 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 _____