



# Pennsylvania PREP Legion Baseball Entry and Insurance Form

2019

PO Box 2324  
Harrisburg, PA 17105  
(717) 730-9100

This form, accompanied by the required fees 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 - \$ 205.00 Payable to “HDH Group”

|                       |
|-----------------------|
| <b>NAME OF TEAM</b>   |
| <b>TEAM SPONSOR</b>   |
| <b>NAME OF LEAGUE</b> |

I hereby make application on behalf of the above-mentioned team to participate in the **2019** Pennsylvania PREP Legion Baseball Program.  
**PLEASE TYPE OR PRINT LEGIBLY.**

|  |   |
|--|---|
| <b>TEAM MANAGER:</b><br><br>Name: _____<br>Address: _____<br>City, State, Zip: _____<br>Home Telephone _____ Work _____<br>Signature _____<br>EMAIL: _____ | <b>TEAM OFFICIAL WHO WILL CERTIFY CLAIMS:</b><br><br>Name: _____<br>Address: _____<br>City, State, Zip: _____<br>Home Telephone _____ Work _____<br>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: \_\_\_\_\_

PREP REPRESENTATIVE \_\_\_\_\_ DEPARTMENT ADJUTANT \_\_\_\_\_