



**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 – <i>(Complete this area if local Legion Post chooses not to affiliate as team sponsor).</i>	
Organization _____	Phone No. _____
Address _____	President _____
City, State, Zip _____	Signature _____

Visit Legion Baseball on the Web – www.palbaseball.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 _____

Street, City, Zip _____ Signed _____

Phone _____

Coach _____

Street, City, Zip _____ Signed _____

Phone _____

Coach _____

Street, City, Zip _____ Signed _____

Phone _____

Department Certification:	Signature _____
1. Team has properly registered by deadline	Department Baseball Chairman
2. Team has purchased proper liability and medical insurance.	Phone _____
3. Team has filed Form #2.	Date _____

REGISTRATION FORM MUST BE TYPED

