

AMERICAN LEGION BASEBALL



2009 ALB Registration Form #1

Registration Form #1 MUST BE TYPED

Team Name Jr. Legion (ages 17 & under) Sr. Legion (ages 19 & under)

American Legion Post #: Athletic Officer's Name:

City and State: Phone #:

Financial Booster: Legion Card No:

Insurance Carrier: S.A. VAN DYK INS. CO. *This insurance carrier is mandatory*

Accident Insurance Cert. #: Liability Insurance Cert. #:

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: E-mail:

Notice: This form must be filed with department baseball chairman, along with the following forms:

1. Parents' Consent and Release (Form #2)
2. Player's Transfer (Form #76) or Declaration Form (Form #77) if applicable
3. Yellow Copy of Insurance Certificates

Team Certification: By checking here, I as team manager hereby certify that the players listed under PLAYER ROSTER (page 2 of this form) have signed with this American Legion Baseball team and that all information listed is correct, to the best of my knowledge.

Manager: E-mail:

Address: Phone:

Coach: E-mail:

Address: Phone:

Coach: E-mail:

Address: Phone:

The department baseball chairman shall certify and provide enrollments for each team. Enrollments must be filed in national office by June 1.

Name of School (base school *)	School Classification	As of March 31 - Total Enrollment of Grades 10, 11, 12
*		

If additional schools need to be listed, attach separate sheet of paper.

