



Pennsylvania _____ Legion Baseball

20____

Entry and Insurance Form

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 1st.)

“COVERAGE WILL NOT APPLY IF PARTICIPATING IN A NON-LEGIION SPONSORED GAME OR TOURNAMENT.

Date of application: _____, 20____ ENTRY - _____ Payable to “Pennsylvania Legion Baseball”
INSURANCE - _____ 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 20____ 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 _____
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_____ 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 _____