



## New Team Registration Form

Team Name: \_\_\_\_\_ Date: \_\_\_\_\_

Is this team a **Senior Legion Team** \_\_\_\_\_ or a **Junior Legion Team** \_\_\_\_\_ (check one)

American Legion Post: \_\_\_\_\_  
(Full name and number of The American Legion Post)

American Legion  
Post Athletic Officer: Name \_\_\_\_\_ Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone number \_\_\_\_\_

Email Address: \_\_\_\_\_

Team Manager: \_\_\_\_\_ Address \_\_\_\_\_  
(Person responsible for the team). Name \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Phone number \_\_\_\_\_

Email Address: \_\_\_\_\_

Field (Principal location of home games): \_\_\_\_\_  
Name & Location

Has the Post previously sponsored a team? Circle: Yes No Year: \_\_\_\_\_

Does the team and Post understand that they **MUST** purchase American Legion Baseball accident and Medical insurance from **S. A. Van Dyk Inc.** before the first day of tryouts or practice? Circle: Yes No

Briefly describe your plan to finance the team: \_\_\_\_\_

The above-mentioned team is in good standing with The American Legion Post # \_\_\_\_\_. The Post and team, pledges to participate in full compliance with the rules and regulations of The Department and the National Americanism Commission.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
Post Commander or Post Adjutant