New Team Registration Form

Team Name:_____ **Date:**_____

Is this team a **Senior Team**_____ or a **Junior Team**_____ or a **Prep 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: (Person responsible for the team). _____ Name _____ Address

_____ 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