



Pennsylvania American Legion *DEVELOPMENT* Baseball
Entry and Insurance Form

2010

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.)

Date of application: _____, 20____

ENTRY - \$45 Payable to "Pennsylvania American Legion Baseball"
INSURANCE - \$170.00 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 2010 Pennsylvania American Legion <i>DEVELOPMENT</i> 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.]

DEVELOPMENTAL REPRESENTATIVE _____

ACTIVITIES DIRECTOR _____