



Pennsylvania American Legion **JUNIOR** 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 1<sup>st</sup>.)

Date of application: \_\_\_\_\_, 20\_\_\_\_

ENTRY - \$75 Payable to "Pennsylvania American Legion Baseball"  
INSURANCE - \$170.00 Payable to "HDH Group"

<b>NAME OF TEAM</b>
<b>TEAM SPONSOR</b>
<b>NAME OF LEAGUE</b>
I hereby make application on behalf of the above-mentioned team to participate in the <b>2010</b> Pennsylvania American Legion JUNIOR Baseball Program. <b>PLEASE TYPE OR PRINT LEGIBLY</b>

<b>TEAM MANAGER:</b> Name: _____ Address: _____ City, State, Zip: _____ Home Telephone _____ Work _____ Signature _____ EMAIL: _____	<b>TEAM OFFICIAL WHO WILL CERTIFY CLAIMS:</b> 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.]

JR. BASEBALL REPRESENTATIVE \_\_\_\_\_

ACTIVITIES DIRECTOR \_\_\_\_\_