

American Legion Baseball Team Registration Form

Team Name: _____ Date: _____

Will this team be sponsored by an American Legion Post? Circle YES NO

If no, complete Outside Sponsor Registration Form.

If yes, complete this page only.

American Legion Post: _____

(Full name and number of The American Legion Post)

American Legion

Post Athletic Officer:

Head Coach:

(Person responsible
for the team).

Assistant Coach

Field (Principle location of home games):

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 first day of tryouts or practice? Circle YES NO

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 of Vermont and the National Americanism Commission.

Date: _____ Signed: _____