



## Department of New York American Legion Baseball

Certification of District Champion

**Please Complete Clearly and Fully**

Submit this form to the Department Chairman

The \_\_\_ District Chairman hereby certifies that \_\_\_\_\_ team  
(District #) (Team Name – include city & state)

sponsored by \_\_\_\_\_ will participate and represent this District at the  
(Name & Number of Post or outside sponsor)

SENIOR JUNIOR Department of New York Championship Baseball Tournament.  
(Circle one)

Season record: \_\_\_\_\_

As Manager of the team listed above, hereby certify that I have received the Department Championship Tournament Packet, and that I have studied and understand the instructions contained in the ALB Tournament Rules & Policies.

By checking here – I confirm the fact that I received, understand and will abide by all The American Legion Tournament Rules and Policies.

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

Manager Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Coach Name: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Cell phone: \_\_\_\_\_

There were \_\_\_ certified players who participated in the District Tournament. I further certify that all information on the attached forms has been checked by me and found to be correct. Additional players from the Junior team can be added to the roster if this team has less than 12 players. State Chairman must certify players using form #5.

\_\_\_\_\_  
District Chairman Signature

\_\_\_\_\_  
Date

Each District Chairman is to complete and submit this form to the Department Chairman within 24 hours after the District Champion is determined.