



Department of New York American Legion Baseball

New Team Application Form

Please Complete Clearly and Fully

Submit this form to your District Director for review and approval by December 31.

1. Team's Name: _____ Team Type: JR SR Both

2. Base School: _____ District # _____

Note: It is not allowed to select a base school that is already being used by another team.

3. Team Mgmt: I am: Head Coach Team Mgr Business/Finance Mgr. (Circle all applicable)

Name _____ Street Address _____

Phone #'s _____ City, State, Zip _____

E-mail _____ Signature _____

4. Team Sponsor:

Legion Post Name & #: _____

Authorizing Post Officer

Printed Name & Phone: _____

Signature: _____ Date: _____

5. Describe Method for Financing Team: _____

6. Describe Long Range Plan for Team: _____

a) Is the Manager a parent of a current player on the team? _____ Yes _____ No

If yes, please provide the plan to continue the team once the Manager's children have completed their eligibility:

7. Person Serving as Team Business Manager, Responsible for Team:

Name _____ Address _____

Phone(s) _____ City, State, Zip _____

E-mail _____ Alternate Phone/E-mail _____

I/we hereby acknowledge and understand that I/we accept full responsibility for this team, including ensuring financial obligations are met, and I/we acknowledge and agree that the team will abide by all American Legion Baseball rules and requirements.

Signature: _____ Date: _____

Approvals: District/Date: _____