BASEBALL KIT ORDER FORM

MAIL TO: American Legion Baseball
Baseball Kit Order
20 W. 12th St., Room 300A.
St. Paul, MN 55155-2000

Please send one Baseball kit for our team at **$100.00 ea.** **The $100.00 Kit Fee is not a registration fee**. (Check Enclosed) Make copies of this form if you have multiple teams, each with their own insurance policy.

"PLEASE TYPE OR PRINT CLEARLY"

PLEASE SEND MATERIALS REQUESTED TO:

NAME: _____/_____/_____
First Middle Last

ADDRESS: _____
Street City Zip

PHONE: Home - _____ Work - _____

POST #:_____ District _____ Division: _____ at _____
Name of Town

SIGNED: _____-

Insurance Policy # Accident – 01-DR-039-42 or 41 **Certificate No. _____**
Liability – KRO-0000000-183600 **Certificate No. _____**

Coach/Manager Information – Please Fill Everything Out

Coach_____
Name

_____
Street Address

_____
City State Zip

Phone #:_____

Email: _____

Manager_____
Name

_____
Street Address

_____
City Street Zip

Phone #:_____

Email: _____

Return White copy to Legion Headquarters – Keep Yellow copy for your records