



# Minnesota American Legion Baseball

New Team Application / Change Form

Please Complete Clearly and Fully

Submit this form to your District Director for review and approval. It must then reach the State Director by April 15.

This is (check one):  New Team Application  Change in Info from prior season (Base School, Sponsor)

1. Team's Name: \_\_\_\_\_

2. Base School: \_\_\_\_\_ District # \_\_\_\_\_

Note: If this base school is also being used by another team, attach an explanation of the agreed upon method for assigning / rostering players between the teams. Also, if applying for paired school or other special arrangement under Division II rules, attach an explanation.

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

Name \_\_\_\_\_ Street Address \_\_\_\_\_

Home

Cell

Phone #'s \_\_\_\_\_ City, State, Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Signature \_\_\_\_\_

### 4. Team Sponsor (select one below -- Legion Post or Outside Sponsor):

Legion Post Name & #: \_\_\_\_\_

Authorizing Post Officer

Printed Name & Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(If team is under sponsorship by a Legion Post, skip to Item 5)

Outside Sponsor:

a) Name or Description of Group/Organization: \_\_\_\_\_

b) Has this organization/group previously sponsored an American Legion Team?  Yes  No

If yes, when? / Name of Team: \_\_\_\_\_

c) Type of organization (check one):  A Non-profit 501(c) Organization  A For-Profit Business Entity

Specific Nature of Organization:  Booster Club / Support Group  Community Association

(check which apply)  Other Private Association  Company or Private Corporation

Name, address and phone of organization's President, Principal Officer or Director: \_\_\_\_\_

5. Describe Planned Method for Financing Team: \_\_\_\_\_

### 6. Sponsor Representative (person serving as Team Business Manager and/or Primary Sponsor Rep, 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, including the purchase of insurance from the designated carrier.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approvals: District Director/Date: \_\_\_\_\_ State Director/Date: \_\_\_\_\_