

AMERICAN LEGION BASEBALL

Certification of Department Champion

The _____ Department American Legion Baseball Committee hereby certifies
 that _____ (Department) team sponsored by _____
 _____ (Name of team) (Name & Number of Post, or sponsoring organization, City & State)
 will participate and represent this Department at the American Legion Regional Baseball Tournament.

Season Record: Wins Losses

As Manager of the team listed above, hereby certify that I have received the Team's Manager Packet, and I have studied and understand the instructions contained in ALB Tournament Rules & Policies and Form #15.

By checking here – I confirm the fact that I received, understand and will abide by all The American Legion Tournament Rules and Polices and instructions on ALB Form #15.

Team Manager Type full Name of Manager

The Team Manager is: complete name EMAIL:
 Address, City, State, Zip: mailing address
 Cell Phone: Daytime Phone: Evening Phone

The Coach is: complete name EMAIL:
 Address - City State & Zip: mailing address
 Evening Phone: Daytime Phone:

There were _____ certified players who participated in the State Tournament.

(A minimum of 12 certified players are REQUIRED to advance to the National Tournaments.)

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 them has less than 12 players. State Chairman must certify players using form #3

type name of state chairman (Name of Department Baseball Chairman who reviewed instructions with coaching staff)

- A copy of Form #18, must be sent to **The National Headquarters** - email: baseball@legion.org

IMMEDIATELY FAX Form 18 to: (317) 630-1369 or email form to baseball@legion.org

Deadline – 11:59 p.m. - August 6, 2012

**American Legion Baseball
 700 N Pennsylvania St.
 Indianapolis, IN 46204**

QUESTIONS: CALL 317-630-1214 (Office)