



DEPARTMENT OF MASSACHUSETTS NEW TEAM APPLICATION FORM

American Legion Post: _____
Full name & number of American Legion Post

Post Address: _____
Mail address & District number

Team Designation: Senior (19 & under) _____ Junior (17 & under) _____

Post Commander: _____
Print name & address

Team Manager: _____
Print name & address

Manager's telephone & email

Name of Field: _____
Print name & location of proposed home field

Base School: _____
Name & total enrollment of grades 10 through 12

Recruiting Area: _____
Identify primary recruiting area

Recruiting Impact: _____
Describe recruiting impact of admission on surrounding teams

Financing Plans: _____

The above mentioned Post pledges that the Team will be operated in a manner consistent with the rules and regulations of The American Legion Baseball Program.

Signature of Post Commander Date
FOR DISTRICT CHAIRMAN

Date Form filed with District Chairman: _____

Date of District Meeting & Vote: _____

District Chairman's Recommendation: _____

Date filed with Department Chairman: _____