

2008 OKLAHOMA AMERICAN LEGION BASEBALL

OKALB Registration Form #1 (Form may be typed or use Black Ink)

Check Division: A _____ 2A _____ 3A _____

Team Name _____ *

American Legion Post #: _____

Post Adjutant: _____ Signature: _____

Insurance Company & Policy # _____

Notice: This form must be filed with Department Baseball Commissioner along with following.
Parents' Consent and Release Form (Form 2)

Team Certification: We hereby certify that the players listed under PLAYER ROSTER (page 2 of this form) have signed with this American Legion Baseball team and that all information listed is correct, to the best of our knowledge.

Manager: _____ E-Mail _____

Address: _____ Phone: _____

Signed: _____

Coach: _____ E-Mail _____

Address: _____ Phone: _____

Signed: _____

Certifying School Official's Signature	Name of School (*base school)	School Classification	ADM
	*		

Department Commissioner Signature: _____

