



# DEPARTMENT OF MASSACHUSETTS NEW TEAM APPLICATION FORM

SB Form #4

Legion Family/Sponsor Name: \_\_\_\_\_  
Full name & number of American Legion Post

Legion Family/Sponsor Address: \_\_\_\_\_  
Mail address & District number

Team Designation: Senior (18 & under) \_\_\_\_\_ Junior (17 & under) \_\_\_\_\_

\*Team Manager from the Post: \_\_\_\_\_

*\*POC representing the post  
and team sponsored*

Print name & address

\_\_\_\_\_  
Manager's telephone & email @ \_\_\_\_\_

Name of Field: \_\_\_\_\_  
Print name & location of proposed home field

Base School: \_\_\_\_\_  
Name & total enrollment of grades 8 through 12

Recruiting Area: \_\_\_\_\_  
Identify primary recruiting area

Financing Plans: \_\_\_\_\_  
\_\_\_\_\_

The above mentioned Legion Family/Sponsor pledges that the Team will be operated in a manner consistent with the rules and regulations of The Department of Massachusetts American Legion Athletic Program.

- Please provide Copies to: Sponsoring Post/Manager, Team Coach and Committee Chairman [malegionladyfastpitch@gmail.com](mailto:malegionladyfastpitch@gmail.com)

\_\_\_\_\_  
Signature of Post Commander Date

**FOR COMMITTEE CHAIRMAN**

Date Form filed with District Chairman: \_\_\_\_\_

Date of District Meeting & Vote: \_\_\_\_\_

District Chairman's Recommendation: \_\_\_\_\_

Date filed with Department Chairman: \_\_\_\_\_