

2010 N.B.C. Hap Dumont Youth Baseball Insurance Application

(Available only to N.B.C. Hap Dumont chartered teams)

TEAM NAME: _____

TEAM MAILING ADDRESS :

(Number & Street)

(City) (State) (Zip)

CONTACT NAME: _____

CONTACT PHONE NUMBER (Include area code) _____

AGE GROUP FOR 2010: _____ **TEAM CHARTER #:** _____ (Team charter # from official N.B.C. roster)

All applications must be submitted with an official N.B.C. Hap Dumont Youth Baseball roster. Only those players listed on that roster are covered by your insurance policy. If additions are necessary, please submit an amended roster. **Make Checks payable to N.B.C. Hap Dumont Youth Baseball.** Your insurance won't be affective until fees have been paid and received by Hap Dumont Youth Baseball. Mail information and check to:

Brad Glover
224 Poplar
Whitewater, Kansas 67154

I hereby certify that all information in this application is true and correct and that all team(s) insured are chartered with N.B.C. Hap Dumont Youth Baseball in the year 2010.

Signature of team official: _____

(Date)

12 & Under fee: \$ 85

13 - 15 & Under fee: \$105

16 - 18 & Under fee: \$125

Complete the section below to request additional insured status. An additional fee will apply for each additional status.

1) Name of Insured: _____

Address

City State Zip

2) Name of Insured: _____

Address

City State Zip