

# South Dakota A Baseball Program

## 2018 SDB Team Registration Form #1A

16 under Division    14 under Division    13 under Division    13/14 Combined Division

12 under Division    11 under Division    10 under Division    9 under Division

Team Name:  Team Contact Name:

Address:  Phone No.:

City, State, Zip:  Base School:

Insurance Carrier:

Accident Insurance Cert. #:  Liability Insurance Cert. #:

**Non Member Organization (Complete this area if you are not sponsored by a member organization).**

Organization:  Phone No.:

Address:  President:

City, State, Zip:  E-mail:

Manager:  E-Mail:

Address:  Phone No.:

Coach:  E-Mail:

Address:  Phone No.:

Coach:  E-Mail:

Address:  Phone No.:

**Team Certification:** I as team manager hereby certify that all information listed is correct, to the best of my knowledge.

Team Representative Signature and date

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Name of School (base school*)	School Classification	As of March 31 – Total Enrollment of Grade 10, 11, 12