

South Dakota A Baseball Program

2018 SDB Origination Registration Form

Origination Information

Origination Name:

Contact Name: Federal Tax ID #:

Address: Phone No.:

City, State, Zip: Base School:

Insurance Carrier:

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

Signature of Applicant:

Board Members

President: E-Mail:

Address: Phone No.:

Vice President: E-Mail:

Address: Phone No.:

Secretary: E-Mail:

Address: Phone No.:

Treasurer: E-Mail:

Address: Phone No.:

Other Baseball Originations with in your Base School you sponsor and represent with the South Dakota A Baseball Program

Organization Name	Contact	Divisions	Phone No.

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