



Post Office Box 14252 ☎ Poland, Ohio 44514 ☎ www.tritbaseball.net

LOCAL LEAGUE FACT SHEET

please print

LEAGUE INFORMATION

League Name _____

League President _____

League President Full Address _____

Phone (____) _____ Email _____

League Rain-Out Information Number (____) _____

LIABILITY INSURANCE INFORMATION

Liability Insurance Carrier _____

Policy Number _____ (\$1 million minimum)

Agent Name _____ Phone (____) _____

Please attach a copy of the front page of the actual policy

MEDICAL INSURANCE INFORMATION

Medical Insurance Carrier _____

Policy Number _____

Agent Name _____ Phone (____) _____

Please attach a copy of the front page of the actual policy

UMPIRE INFORMATION

Umpire Association _____

Umpire Assignor _____ Phone (____) _____