

**FORM FOR PREVIOUS YEAR TEAMS**



**THE AMERICAN LEGION  
DEPARTMENT OF NORTH CAROLINA  
2019 AMERICAN LEGION FASTPITCH**



**TEAM/SPONSOR REGISTRATION NOTICE**

**Complete this form and return by mail with all team fees (\$500.00) made payable to NC AMERICAN LEGION FASTPITCH SOFTBALL, to the address below no later than APRIL 30<sup>TH</sup> 2019.**

**The American Legion Dept. of NC  
ATTN: LEGION LADY FASTPITCH SOFTBALL  
PO Box 26657  
Raleigh, NC 27611**

Team Name \_\_\_\_\_ Post No. \_\_\_\_\_ County \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name on Articles of Incorporation \_\_\_\_\_ EIN # \_\_\_\_\_

Posts or team sponsors must be incorporated. For non-post sponsors, forms and instructions for incorporating are available at the Secretary of State website: <http://www.secstate.state.nc.us/Corporations> or by calling their office at 919-807-2225. Posts must contact Department Headquarters for incorporating.

**\*A 75.00 late fee for 2018 teams that don't have their entry fee turned in to Raleigh along with team Agreement and Registration Forms by this date! \***

**\*Team insurance will be deducted from your entry fees and paid by NCALLF SOFTBALL, before any practices or games are played.\***

**\*All \$50.00 umpire booking fee will be deducted from this entry fees!**

**\*All remaining monies remaining in the NCALLF SOFTBALL account will remain in the account to be used for the business of the league at the discretion of the Baseball/Softball Chairman such as; STATE TOURNAMENT, CAMPS, ALL STAR GAME, BUSINESS ITEMS etc. All monies remaining after the 2018 season is complete will be rolled over into the next seasons budget.\***

**Amount Enclosed: Check# \_\_\_\_\_ Amount: \$500.00**

Contact Information below: Phone: 919-832-7506 OR [drose@nclegion.org](mailto:drose@nclegion.org)  
**(Please call 919-832-7506 if there are any changes to this information after submitted)**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_

CELL: \_\_\_\_\_ E-MAIL \_\_\_\_\_

**ATTEST:** \_\_\_\_\_  
American Legion Post Officer / Title

**ATTEST:** \_\_\_\_\_  
American Legion Post Officer /Adjutant

**Any team co-sponsored by a corporation must sign area below and include a copy of certificate of incorporation:**

**POST NAME:** \_\_\_\_\_ **ATTEST:** \_\_\_\_\_

**AFFIX  
POST SEAL  
HERE**

**Non Post Corporation President Signature**