



**Kensington Valley Baseball and Softball Association
2012 Team Insurance Enrollment Form**

Team or League Name: _____
(Leagues must submit names of all insured teams)

Mailing Address
Street Address: _____

City, State, Zip: _____

Name of Contact: _____

Telephone No.: _____

I hereby certify that all information in this application is true and correct, and that all team(s) insured are registered with the USSSA.

Signature of Team/League Official: _____

Complete this section if facility owner(s) requests additional insured status

Name of Facility Owner : _____
Address : _____
City : _____
State, Zip : _____
Contact Person : _____
Telephone : _____ E.Mail: _____

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