

## 2024 Chicagoland Sunday Baseball Insurance Form

League Name \_\_\_\_\_

League contact name \_\_\_\_\_

### Medical and Liability Insurance

	Total		No of Teams		Total
Boys 7	\$ 85.00	x		=	
Boys 8	\$ 85.00	x		=	
Boys 9	\$ 85.00	x		=	
Boys 10	\$ 85.00	x		=	
Boys 11	\$ 85.00	x		=	
Boys 12	\$ 85.00	x		=	
Boys 13	\$ 85.00	x		=	
Boys 14	\$ 85.00	x		=	
Girls 8U	\$ 85.00	x		=	
Girls 10U	\$ 85.00	x		=	
Girls 12U	\$ 85.00	x		=	
Girls 14U	\$ 85.00	x		=	

Total payment Due CLSB

\$ -

If YOU need an additional Insured (certificate of insurance) , please list their name and address for each additional certificate holder needed.

Certificate Holder #1 name and address

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Certificate Holder #2 Name and address

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Make check Payable to Chicagoland Sunday Baseball