

2025 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 9U	\$ 85.00			=		
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

Certificate Holder #2 Name and address

Make check Payable to Chicagoland Sunday Baseball