



**The American Legion
P.O. Box 1055
Indianapolis, IN 46206**

**American Legion Baseball
COACH ADD/DROP FORM**

Post # or Sponsor: _____ Team: _____

City: _____

State: _____ District #: _____

Rule permits teams to add/drop coaches. This form is to be used to add additional or remove coaches from ALB Form #1.

✓ Drop (remove) the following coach(es) from Team Roster ALB Form #1.

Coach's Name –

- 1. _____
- 2. _____
- 3. _____

✓ Add the following coach(es) to the Team Roster ALB Form #1.

Coach's Name – Street, Address, City, Zip, Phone, and Email

- 1. _____
- 2. _____
- 3. _____

***** As the duly authorized representative for the Department, I hereby certify and verify that the coaches listed above on this form have successfully completed and passed the mandated background check screening and adult abuse training requirements for the current season through the exclusive provider, Protect Youth Sports, Inc. *****

Department Baseball Chairman

Date

Form must be approved, and a copy retained by Department Chairman.

A copy sent to and retained by the District/Area Chairman.

Retain a copy for Team Manager.