The American Legion
Department of Nebraska
Baseball ID Card Certification

Date: _____

Type of print legibly (fillable pdf can be found at www.nelegionbaseball.net/rulesforms)			
Team Name	**High School Attended**	**First Name Last Name**	**Year (Only)**

Team Manager or Head Coach must **Print and Sign**, verifying that they have reviewed each players Certified Birth Certificate, US Passport or valid current Nebraska Drivers License and that each player meets the age requirments as set forth by the American Legion Baseball National Rule Book. Penalties for falsifying this form can be found in the NE Rule Book.

Printed Name: _____

Signature:: _____

Fax to: 402-464-6330 / scan and email to: actdirlegion@windstream.net Mail to: The American Legion, PO Box 5205, Lincoln, NE 68505	Mail Cards and Invoice To: