

**THE AMERICAN LEGION
DEPARTMENT OF TEXAS**

**POST BASEBALL CHAIRMAN
CERTIFICATION FORM**

MUST BE COMPLETED BY POST ADJUTANT

American Legion Post _____, located in _____ hereby, certifies the following individual as Post American Legion Baseball Chairman:

Name: _____ **ID #:** _____

Address: _____

City: _____ **ST** **TX** **Zip:** _____

PH: _____ **Email:** _____

All American Legion Baseball packets are mailed in January. Posts that certify their Baseball Chairman will receive this extra packet. All other Posts will receive only the standard Post Baseball Mailing.

Post Commander / Adjutant

Date