

2010
YOUTH & ADULT
TOURNAMENT INSURANCE ENROLLMENT
FORM
1-800-447-6797

TOURNAMENT NAME _____

TOURNAMENT DATES _____ TO _____

TOURNAMENT DIRECTOR _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME PHONE (_____) _____

EMAIL _____

TYPE OF TOURNAMENT (CIRCLE ONE):

SOFTBALL	YOUTH	ADULT
BASEBALL	YOUTH	ADULT
BASKETBALL	YOUTH	N/A

COMPLETE ONLY IF FIELD OWNER REQUESTS ADDITIONAL INSURED STATUS

NAME OF FIELD OWNER _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PREMIUM CALCULATION:

OF YOUTH TEAMS _____ X \$7 = _____ PLUS \$25 = _____

OF ADULT TEAMS _____ X \$16 = _____ PLUS \$25 = _____

MAKE CHECK PAYABLE TO: CHAPPELL INSURANCE AGENCY
&
MAIL TO: 25807-A COX ROAD, PETERSBURG, VA 23803

Certificates will be emailed. If email not available then faxed

EMAIL ADDRESS: _____

FAX #: _____

ALL RATES INCLUDE AN ADMINISTRATION AND MEMBERSHIP FEE.