

2010 DIXIE YOUTH BASEBALL FALL BALL ENROLLMENT FORM

Please print or type - use black ink

PLEASE NOTE: If you purchased the "All-Star Tournament Team(s) Only" option for the spring – you are not eligible to purchase the Fall Ball Extension. **DATE:** _____

League Name:						
Contact Person:				Email:		
Mailing Address:						
City:			State:		Zip:	
Home Phone: ()		Daytime: ()		Fax: ()		
ACCIDENT INSURANCE				Underwritten By American Fidelity Assurance Company		
Policy Number: AFS9936670				RIDER #:		
FOR COMPANY USE ONLY:						
CHANGE EFFECTIVE DATE: FROM: _____ (12:01am) TO: 12-31-10 (12:01am)						
NOTE: If you did not purchase the Dixie Youth Accident coverage for "Regular Season Including All Star Teams "in the spring you are not eligible to purchase the Fall Ball Extension.						
DIVISION	AGE GROUP	# OF FALL BALL TEAMS TO ADD	X	CHARGE PER TEAM	=	TOTAL COST
Majors	12&Under		X	\$18.45	=	\$
O-Zone	12&Under		X	\$18.45	=	\$
Minors	10 & Under		X	\$15.90	=	\$
T-Ball, Coach Pitch	8 & Under		X	\$12.35	=	\$
Buddy Ball (Player Assisted – Handicapped)	16 & Under		X	\$17.10	=	\$
TOTAL ADDITIONAL ACCIDENT PREMIUM						\$
GENERAL LIABILITY INSURANCE				Underwritten by National Casualty Company		
Policy Number: 6LKRO000000735700						
FOR COMPANY USE ONLY:						
CHANGE EFFECTIVE DATE: FROM: _____ (12:01am) TO: 12-31-10 (12:01am)						
NOTE: If you did not purchase the Dixie Youth Liability coverage for "Regular Season Including All Star Teams "in the spring you are not eligible to purchase the Fall Ball Extension.						
<i>If you have accident coverage through another company, it must have a minimum limit of \$100,000, covering all players, coaches, volunteers, and employees, otherwise General Liability coverage will be voided in the event of injury to a sports participant, and it must cover your fall season dates.</i>						
DIVISION	AGE GROUP	# OF FALL BALL TEAMS TO ADD	X	CHARGE PER TEAM	=	TOTAL COST
Majors	12&Under		X	\$12.69	=	\$
O-Zone	12&Under		X	\$12.69	=	\$
Minors	10 & Under		X	\$12.69	=	\$
T-Ball, Coach Pitch	8 & Under		X	\$12.69	=	\$
Buddy Ball (Player Assisted – Handicapped)	16 & Under		X	\$12.69	=	\$
TOTAL ADDITIONAL GENERAL LIABILITY CHARGE						\$
TOTAL ADDITIONAL CHARGE DUE WITH ENROLLMENT FORM						
TOTAL ADDITIONAL CHARGE DUE						\$

Make check payable and mail (or fax) to Sadler & Company, Inc. We will send you a copy of the approved request to keep with your other records.

Sadler & Company
 1-800-622-7370
 P O Box 5866, Columbia, SC 29250-5866
 FAX: 803-256-4017
 EMAIL: dixie@sadlersports.com

FOR COMPANY USE ONLY:	DATE RECEIVED

SADLER

SPORTS & RECREATION INSURANCE

P. O. Drawer 5866, Columbia, SC 29250-5866 Phone (800) 622-7370 Fax (803) 256-4017

Email: dixie@sadlersports.com

August 9, 2010

TO: LEAGUE INSURANCE DIRECTOR / ADMINISTRATOR

RE: 2010 DIXIE YOUTH BASEBALL - FALL BASEBALL SEASON

Thank you for purchasing your Dixie Youth Baseball 2010 Spring Season insurance from us.

This is just a reminder that your coverage for baseball activities will end as outlined in your Benefit Plan Description as follows: Coverage for baseball activities ends after the end of intra-league championship play except for (a) regular season continuation but in no event later than August 1 (b) all-star tournament play or (c) approved awards and recognition events but in no event later than August 31st.

Will you be having a Fall Season? If so, please complete the attached Fall Ball Enrollment Form and return it to us along with your check for the additional premium.

(Please also advise of any changes to your contact person or address for the 2011 season.)

PLEASE NOTE: If you purchased the "All-Star Tournament Team(s) Only" option for the spring – you are not eligible to purchase the Fall Ball Extension. Please contact us to discuss your options for fall ball coverage.

If you should have any questions, please call us at 1-800-622-7370.

Very truly yours,

Sports Insurance Division

SADLER & COMPANY, INC.

Email: dixie@sadlersports.com

PLEASE CHANGE THE INSURANCE CONTACT PERSON FOR THE 2011 SEASON TO READ:

Name of League: _____

Contact Person: _____

Mailing Address: _____

City, State, Zip: _____

Day Phone: () _____ Home Phone: () _____

Fax Phone: () _____ Email: _____

SEE OTHER SIDE FOR ENROLLMENT FORM