



**THE AMERICAN LEGION
DEPARTMENT OF VIRGINIA, INC.**
1708 Commonwealth Avenue, Richmond, Virginia 23230
(804) 353-6606 - FAX (804) 358-1940 - www.valegion.org

**American Legion Baseball, Department of Virginia
Dual Participation**

FROM:

DATE:

SUBJECT: Request for Dual Participation

I, _____ request dual participation during the 2016 regular season to participate in non-legion sanctioned baseball events. I understand my first responsibility is towards American Legion baseball and my dual participation will in no way interfere with my responsibility to Post _____. I understand that once tournament play has begun (District Tournament and up through American Legion State, Regional and World Series), I will not have your permission to participate in non-legion sanctioned baseball events, baseball tournaments, exhibition games, showcases or combines.

Player Name and Signature

Parent Name and Signature

Team Manager Name and Signature

Mail this request to Department of Virginia Baseball Chairman:

**James Grenier
43649 Lees Mill Square
Leesburg, VA. 20176**