

CONNECTICUT AMERICAN LEGION BASEBALL TEAM COMBINATION REQUEST
FORM MUST BE RECEIVED NO LATER THAN SEPTEMBER 15 OF ANY YEAR

REQUESTING PROGRAMS:

1. _____ ZONE: _____
2. _____ ZONE: _____
3. _____ ZONE: _____

CURRENT TERRITORY HS POPULATION - ALL SCHOOLS 10-12 GRADE PER CT WEB SITE: _____

PROGRAM (OR PROGRAMS) IMPACTED BY REQUEST AND CURRENT HS POPULATION (CT WEBSITE):

- 1: _____ HS POP: _____ ZONE: _____
- 2: _____ HS POP: _____ ZONE: _____
- 3: _____ HS POP: _____ ZONE: _____

List additional on separate paper

IMPACTED PROGRAMS ARE IN AGREEMENT (YES/NO):

- 1: _____
- 2: _____
- 3: _____

List additional on separate paper

ARE ALL TEAMS IN THE ZONE IN AGREEMENT WITH THIS REQUEST? (circle one) YES NO

REQUEST FOR SEASON (i.e. 2021): _____

SUMMARY OF RATIONALE FOR REQUESTED CHANGE (ADDITIONAL EXHIBITS SHOULD BE INCLUDED AS SUPPORTING DOCUMENTATION):

GM OR POST REPRESENTATIVE (PRINT NAME): _

1. _____

PHONE NUMBER: _____ EMAIL: _____ POST #: _____

SIGNATURE: _____ DATE: _____

2. _____

PHONE NUMBER: _____ EMAIL: _____ POST #: _____

SIGNATURE: _____ DATE: _____

3. _____

PHONE NUMBER: _____ EMAIL: _____ POST #: _____

SIGNATURE: _____ DATE: _____

NOTE: EMAIL THE COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO:

- 1) DAVE GREENLEAF, davidgreenleaf@hotmail.com
- 2) PAUL IVERSON, iverp@aol.com
- 3) ZONE CHAIRMAN OF EACH IMPACTED ZONE A COPY
- 4) GM OF EACH IMPACTED TERRITORY/PROGRAM A COPY