

IBC Baseball / Game Ready Scout Day

Team Insurance Form

Team Name: _____ Dates _____

Team Director: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Visa #: _____ Exp Date: _____

CCV# on back _____ Credit Card Zip Code _____

Name on Credit Card _____

Address for Credit Card _____

\$160 per team

This insurance covers your team for any event with any organization.

For insurance Call Chuck White - 863-559-4405 or Debria White 863-412-1234

Fax Credit Card Form to 863-401-9844 or email – chuck.grsd@yahoo.com

Check Payable to: IBC Baseball

**Mail to: IBC Baseball
P O Box 1052 – Eagle Lake, FL 33839**