



EST. 1957

P.O. Box 766 • Jackson, NJ 08527 • (732) 928-1323 • (732) 806-0411

TRAVEL BASEBALL CONTRACT

TEAM NAME: _____

MANAGER: _____

CELL: _____ **EMAIL:** _____

LEAGUE: _____ **AGE:** _____

PREFERRED FIELD: _____ **DAY OF WEEK:** _____

*******Jackson Little League reserves the right to make all decisions for field use.**

RULES:

1. All practices will be scheduled through JLL travel baseball Liaison. No unscheduled practices are permitted. Violators will be subject to suspension of usage privileges. No refunds will be issued.
2. No games or practices will take place when fields are closed. Field closings will be at the discretion of the JLL board. Field Closing information can be found at www.jacksonlittleleague.com.
3. Teams are responsible for the clean-up of fields after games. This includes debris and garbage on the fields, in the dugouts and in the bleacher areas. Teams that do not comply are also subject to suspension of usage privileges.
4. All teams must supply a roster with player's addresses to JLL comprised of no less than 75% Jackson Twp. Residents or JLL registered players.
5. All fields will be cared for and all equipment will be put away in an organized manner after all games and practices.
6. Travel Managers will be responsible for the conduct of all people, including spectators associated with their team.
7. Fields will be issued in the following priority order: JLL games, JLL practices, Travel games, Travel practices.
8. Travel teams will cooperate with any Board member in attendance. If a Board member deems a field unplayable, the decision is final.
9. This form must be submitted with proof of insurance from your travel league and/or insurance agent naming Jackson Little League and Jackson Township as additional insured.
10. Team fee for each Travel baseball team seeking usage of JLL facilities is \$400.00/ per season. Teams will not be scheduled for field time until full payment is made, and rosters/proof of insurance are submitted.

MANAGER SIGNATURE: _____ **DATE:** _____

TRAVEL BASEBALL ROSTER FORM

TEAM NAME: _____

#	Player Name	Address	City/League
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			

Please list any additional players on the back of the form