2010 LITTLE LEAGUE®

VOLUNTEER OF THE YEAR

CHARTIS

Please Print

Name of Nominee _____ Home Phone ( ) _____

Address _____ Business Phone ( ) _____

City _____ State _____ Zip _____

Occupation _____ Employed By _____

Name of League _____ League Number _____

League President _____ Home Phone ( ) _____

Address _____ Business Phone ( ) _____

City _____ State _____ Zip _____

Please detail the nominee's areas of volunteer service to the local league. We encourage you to attached further support information.

_____

_____

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_____

Would the nominee be available to attend recognition ceremonies during the World Series?

☐ Yes ☐ No Name of Spouse _____

Listing of local media - *Please Print*

Newspaper _____ Television _____

Address _____ Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

For consideration at the national level this from must be returned by June 1 to:
Little League Baseball Headquarters
Attn: Awards Programs
539 US Route 15 hwy
PO Box 3485
Williamsport, PA 17701
www.LittleLeague.org