

2010 LITTLE LEAGUE®

VOLUNTEER OF THE YEAR



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.

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 form 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