

DISTRICT ADMINISTRATOR BIOGRAPHICAL PROFILE

Please print or type all information and return to:

Little League International
539 U.S. Route 15 Hwy.
PO Box 3485
Williamsport, PA 17701-0485

Date _____ State/Country _____ District # _____

Name _____ Date of Birth _____

Single (_____) Married (_____) No of Children _____ Spouse's First Name _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone (_____) Business Phone (_____)

Fax # (_____) e-mail _____

Cell (_____) _____

Education (Please Check) High School _____ College _____ Degrees _____

Military Experience _____

Occupation _____

Employed By _____

Number of years in Little League _____ Please list period of time spend in the following capacities _____

District Administrator _____ Assistant D.A. _____ Manager _____ Coach _____ League President _____

Other _____

Attended Adult Leadership Training Seminar: Yes _____ No _____ Year _____ # of Congresses Attended _____

Activities other than Little League (Service Clubs, Fraternal Organizations, Civic Awards, etc.)

Comments

