Little League® Baseball and Softball
Williamsport, Pennsylvania

REPORT OF ELECTION

TO: Little League Baseball, Incorporated
539 US Route 15 Highway
PO Box 3485
Williamsport PA 17701

Date: _____

I certify that the chartered Little Leagues of District _____ of the State/Commonwealth/Nation of _____ have met under my chairmanship and have duly elected the person listed below as the District Administrator for a term of _____ years. (See instructions.)

Name of Election Chairman (please print): _____

Signature: _____

District Administrator's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ (area code) Work phone: _____ (area code) Mobile: _____ (area code)

Fax: _____ E-mail: _____

The above person is/was affiliated with the _____ Little League.

EACH LEAGUE REPRESENTATIVE WILL SIGN BELOW AND INDICATE THE NAME OF THE LEAGUE.

LEAGUE REPRESENTATIVE	NAME OF LEAGUE

(Use other side for additional signatures, if necessary.)