2012

LITTLE LEAGUE® CHALLENGER AWARD

Name of Nominee _____ Home Phone ( ) _____

Address _____ Cell Phone ( ) _____

City _____ State _____ Zip _____

E-mail _____

Name of League _____ League Number _____

League President _____ Home Phone ( ) _____

Address _____ Cell Phone ( ) _____

City _____ State _____ Zip _____

Please detail the nominee's areas of volunteer service to the local Challenger program. We encourage you to attach additional support information. Please type or print legibly below.

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

☐ Yes ☐ No Name of Spouse _____

For consideration at the national level this from must be returned by June 1 to:

Little League International
Attn: Awards Programs
539 US Route 15 hwy
PO Box 3485
Williamsport, PA 17701
www.LittleLeague.org

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