



# LITTLE LEAGUE Road Show



SUPPORTED BY



League Administration Clinic

Saturday January 28, 2012

Chicago, IL

## We Hit The Road So You Don't Have To.

With nearly 7,000 leagues nationwide, it would be impossible for Little League's professional staff members to conduct league administration, umpire and coaches clinics for each. Nonetheless, our top staff members and volunteers have teamed up to bring truckloads of tips to your backyard. Consider it a live version of the publication "A Year In the Life of Hometown Little League!"

Clinics may vary slightly from site to site, but at every stop local league volunteers just like you will learn how best to implement the Little League program in their town or neighborhood.

## Who ultimately benefits?

The players and their families! Because a well-run league is more fun for children and adults alike!

## Hilton Hotels Discount:

For potential discounts on your travel needs, visit [www.HHonors.com/LittleLeague](http://www.HHonors.com/LittleLeague). Hilton HHonors® members could receive 15% off their hotel stay.

## Tentative Schedule of Events

Chicago, IL  
8:30 AM Registration / 9:00 AM -- 4:00 PM Clinic

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| <p><b>Clinic Host</b><br/>Jackie Robinson West LL<br/>Bill Haley<br/>11017 South Emerald Ave<br/>Chicago, IL 60628<br/>773-968-4706<br/>jackierobinsonwest@hotmail.com</p> | <p><b>Clinic Notes</b><br/>Cost is \$15 which will include lunch and light refreshments at registration</p>   |
| <p><b>Clinic Location</b><br/>Marcus Garvey Elementary School<br/>10309 South Morgan Street<br/>Chicago, Illinois 60643</p>  | <p><b>Clinic Directions</b><br/>Exit I 57 at Halsted and travel 4 blocks south to 103rd; Right on 103rd 4 blocks to Morgan; School located on SE corner</p> |
| <p><b>Clinic Lodging</b><br/>Oak Lawn Hilton<br/>9330 South Cicero<br/>Oak Lawn, Illinois 60453</p>  |   |

## Little League® Road Show Registration Form

NAME \_\_\_\_\_

LEAGUE \_\_\_\_\_ DISTRICT \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (DAY) \_\_\_\_\_ PHONE (EVENING) \_\_\_\_\_

Clinic Cost **15.00**

Make Checks Payable To **Jackie Robinson West**