



LITTLE LEAGUE Road Show



SUPPORTED BY



Nottingham Little League- NJ District 12

Saturday February 11, 2012

Hamilton Square, NJ

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.HHonzors.com/LittleLeague. Hilton HHonzors® members could receive 15% off their hotel stay.

Tentative Schedule of Events

8:30am-9am-Registration/Breakfast
9am-12-Morning Session
12pm-1pm-Lunch
1pm-4:30pm-Afternoon Session

<p>Clinic Host Mychal Loney Nottingham Little League 59 Foy Drive Hamilton Square, NJ 08690 Phone-609.587.5637 E-mail-MLL864@aol.com</p>	<p>Clinic Notes Fee- \$20 per person if paid in advance. \$25 per person if paying at the door Reservations and advance ticketing is required. Fee covers all clinic materials, meals, publications, and education.</p>
<p>Clinic Location Nottingham Little League Batting Facility 100 Mapleshade Ave. Hamilton Square, NJ</p>	<p>Clinic Directions NJ Turnpike to exit 7A, to I-195 West. Take exit 3B. Follow Yardville Hamilton Square Rd. to Route 33 and turn left. Take right onto Whitehorse Hamilton Square Rd.; left onto Nottingham Way. Take right onto Park Ave. and a left onto Mapleshade Avenue.</p>
<p>Clinic Lodging Hampton Inn-Bordentown 2004 US Hwy. 206 Bordentown, NJ 08505 609.298.4000</p>	

Little League® Road Show Registration Form

NAME _____

LEAGUE _____ DISTRICT _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (DAY) _____ PHONE (EVENING) _____

Clinic Cost

\$20 in advance/\$25 at the door

Make Checks Payable To

Nottingham L.L.