



I, (print name) _____, District Administrator

for (state and number) _____

am in no way affiliated with another youth baseball or youth softball organization, nor do I serve as an administrator or a Board member of any such program.

I further certify that I am eligible under all criteria established by Little League Baseball, Incorporated, to be considered for re-election as District Administrator.

Signature _____

Date _____

Please send the signed copy to the attention of Becky Bassett, Operations Coordinator, at bbassett@LittleLeague.org or mail it to Little League International, P.O. Box 3485, Williamsport, PA 17701.