

## DISTRICT ADMINISTRATOR BIOGRAPHICAL PROFILE

Please print or type all information and return to:

Little League International  
539 U.S. Route 15 Hwy.  
PO Box 3485  
Williamsport, PA 17701-0485

Date \_\_\_\_\_ State/Country \_\_\_\_\_ District # \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Single ( \_\_\_\_\_ ) Married ( \_\_\_\_\_ ) No of Children \_\_\_\_\_ Spouse's First Name \_\_\_\_\_

Street Address \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone ( \_\_\_\_\_ ) Business Phone ( \_\_\_\_\_ )

Fax # ( \_\_\_\_\_ ) e-mail \_\_\_\_\_

Cell ( \_\_\_\_\_ ) \_\_\_\_\_

Education (Please Check) High School \_\_\_\_\_ College \_\_\_\_\_ Degrees \_\_\_\_\_

Military Experience \_\_\_\_\_

Occupation \_\_\_\_\_

Employed By \_\_\_\_\_

Number of years in Little League \_\_\_\_\_ Please list period of time spend in the following capacities \_\_\_\_\_

District Administrator \_\_\_\_\_ Assistant D.A. \_\_\_\_\_ Manager \_\_\_\_\_ Coach \_\_\_\_\_ League President \_\_\_\_\_

Other \_\_\_\_\_

Attended Adult Leadership Training Seminar: Yes \_\_\_\_\_ No \_\_\_\_\_ Year \_\_\_\_\_ # of Congresses Attended \_\_\_\_\_

Activities other than Little League (Service Clubs, Fraternal Organizations, Civic Awards, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Comments

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