

PENNSVILLE LITTLE LEAGUE, INC.
PVLL LOCAL VOLUNTEER APPLICATION
2010

Name _____

Address _____

HOME Phone _____ ALTERNATE Phone _____

E-Mail Address _____

WHICH POSITION ARE YOU APPLYING FOR IN 2010
(PLEASE CHECK ALL THAT APPLY)

MANAGER

COACH

TEAM MOM

WHICH DIVISION ARE YOU INTERESTED IN?
(PLEASE CIRCLE ONE)

T-Ball

Minor BB (Kid Pitch)

Minor BB (Coach Pitch)

Major BB

Minor SB

Major SB

Junior SB

Senior SB

Are You A Member Of The Pennsville Little League, Inc? Yes ____ No ____

Did You Have a Team Last year? _____

Teams Name

In Order For You To Be A Manager or Coach of Record with The Pennsville Little League, In any Division You Must Be A Member And Maintain Your Membership.

**I PLEDGE TO OBEY AND ENFORCE THE PENNSVILLE LITTLE LEAGUE'S
CONSTITUTION AND LOCAL LEAGUE RULES FOR THE 2010 SEASON.**

Applicants Signature _____ Date _____

Manager approval for a Coach or Team Mom _____

Manager Signature

Vice President Of Division

League President