



Little Miss Kickball International, Inc.
P.O. Box 8046, Corpus Christi, TX 78466-8046
FAX (361) 242-1906

BANK ACCOUNT INFORMATION

MUST BE RECEIVED BY APRIL 1

For Year _____

NAME OF LEAGUE: _____

Accounts shall be registered as "NAME OF LEAGUE" LITTLE MISS KICKBALL LEAGUE. Two signatures are required. It shall be that of the League President or League Vice President and the League Treasurer. One checking account, one concession account and one savings account are permissible. Certification of deposit and money markets are permissible.

CHECKING ACCOUNT

Name of Bank: _____ Account No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Signatures for Above Account:

1. _____ 2. _____
3. _____ 4. _____

CONCESSION ACCOUNT

Name of Bank: _____ Account No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Signatures for Above Account:

1. _____ 2. _____
3. _____ 4. _____

SAVINGS ACCOUNT

Name of Bank: _____ Account No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Authorized Signatures for Above Account:

1. _____ 2. _____
3. _____ 4. _____

It is fully understood that upon approval, this League is allowed membership to Little Miss Kickball International, Inc. and that failure to comply with conditions of Charter, Little Miss Kickball International, Inc. Laws and By-Laws, Little Miss Kickball International, Inc. Official Rules and Regulations or Directives from Little Miss Kickball International, Inc. may be subject to Charter dismissal.

Date: _____ League President: _____

Do not write below this line.

Date Received: _____ By: _____