



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

## CHARTER AMENDMENTS

**MUST BE RECEIVED BY APRIL 1**

For Year \_\_\_\_\_

NAME OF LEAGUE: \_\_\_\_\_

### RESPONSIBLE PARTY FOR LEAGUE:

Position: \_\_\_\_\_ Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: ( ) -

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Fax: ( ) -

E-Mail: \_\_\_\_\_

### LEAGUE EXECUTIVE BOARD:

**President:** \_\_\_\_\_ Phone: ( ) -

Address: \_\_\_\_\_ Fax: ( ) -

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Vice President:** \_\_\_\_\_ Phone: ( ) -

Address: \_\_\_\_\_ Fax: ( ) -

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Secretary:** \_\_\_\_\_ Phone: ( ) -

Address: \_\_\_\_\_ Fax: ( ) -

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Treasurer:** \_\_\_\_\_ Phone: ( ) -

Address: \_\_\_\_\_ Fax: ( ) -

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

### NUMBER OF TEAMS:

Rookie Division (4-6 years) \_\_\_\_\_ Senior Division (12-14 years) \_\_\_\_\_

Pee Wee Division (6-8 years) \_\_\_\_\_ Teenage Division (15-18 years) \_\_\_\_\_

Junior Division (9-11 years) \_\_\_\_\_

### Proof of Insurance on players is attached.

Bank draft in the amount of \$ \_\_\_\_\_ is attached in payment of membership dues to Little Miss Kickball Inc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
League President

## CHARTER AMENDMENTS CONTINUED

**TEAM NAMES:**

[illegible]

*Do not write below this line.*

Date Received: \_\_\_\_\_

By: \_\_\_\_\_

Proof of insurance received?

Yes \_\_\_\_\_ No \_\_\_\_\_

Bank account verified?

Yes \_\_\_\_\_ No \_\_\_\_\_

Draft received?

Yes                      No

Financial statement received?

Yes \_\_\_\_\_ No \_\_\_\_\_

Rejected \_\_\_\_\_ Accepted \_\_\_\_\_

Original – Corporation

Copy – District

Copy – League