



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

CHARTER APPLICATION

MUST BE RECEIVED BY MARCH 1

For Year _____

RESPONSIBLE PARTY FOR LEAGUE:

Position: _____ Name: _____

Address: _____ Phone: (____) ____ - ____

City: _____ State: _____ Zip: _____ Fax: (____) ____ - ____

E-Mail: _____

Place of Employment: _____ Position: _____

Address: _____ Phone: (____) ____ - ____

RESPONSIBLE PARTY FOR FINANCIAL RECORDS:

Position: _____ Name: _____

Address: _____ Phone: (____) ____ - ____

City: _____ State: _____ Zip: _____ Fax: (____) ____ - ____

E-Mail: _____

Place of Employment: _____ Position: _____

Address: _____ Phone: (____) ____ - ____

NAME OF LEAGUE: _____

League Territory: Are you aware of your League territory and boundaries? Yes ____ No ____

PLAYING FIELD LOCATION: _____

City: _____ State: _____ Zip: _____

PRACTICE FIELD LOCATION(S): _____

Address: _____

Address: _____

Address: _____

Original – Corporation
Copy – District
Copy – League