

## **APPLICATION FOR COMBINED TEAMS**

State	 District	District			Level Senior League Junior League Intermediate League				Little League Div 1 Little League Div 2 Little League Girls					
League Name / League ID No.	Population	# of Players	President Signiture		9/10	11	12	13	14	15	16	17	18	
1.														
2.														
3.														
4.														
5.														
6.														
I have reviewed the application of the application	ation for combined teams a	nd recomme	end approval base	d on the inform	nation pr	rovided. 								

Little League® does not limit participation in its activities on the basis of disability, race, creed, color, national origin, gender, sexual preference or religious preference

Date

**Regional Director**