

**VIRGINIA DISTRICT 1
LITTLE LEAGUE®
CHALLENGER AWARD**

Nominee _____ Phone Number _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Nominator _____ Phone Number _____

Email Address _____

Local League _____

City _____ State _____

Please provide in detail the nominee's volunteer service to the local Challenger program. All additional and supporting information should be included. *Please print legibly Use additional paper if needed.*

OVERVIEW

The Little League Challenger Award recognizes an individual whose loyal support and inspired volunteer commitment allows mentally and physically disabled youth the opportunity to enjoy the full benefits of the Little League program through participation in the Challenger Division.

To be considered at the District 1 level, nomination form must be returned by June 1