



STEP 10A - BOUNDARY MAP COVER SHEET
GUARANTEED AND PROTECTED BOUNDARY
 FOR

LITTLE LEAGUE

238 - 22 - _____

LEAGUE PRESIDENTS SIGNATURE: _____ **DATE** _____

PLAYER LINE NO. FROM AFFIDAVIT	PLAYERS NAME PLEASE PRINT CLEARLY	PLAYER WAIVER ATTACHED IF APPL.
LINE 1		<input type="checkbox"/>
LINE 2		<input type="checkbox"/>
LINE 3		<input type="checkbox"/>
LINE 4		<input type="checkbox"/>
LINE 5		<input type="checkbox"/>
LINE 6		<input type="checkbox"/>
LINE 7		<input type="checkbox"/>
LINE 8		<input type="checkbox"/>
LINE 9		<input type="checkbox"/>
LINE 10		<input type="checkbox"/>
LINE 11		<input type="checkbox"/>
LINE 12		<input type="checkbox"/>
LINE 13		<input type="checkbox"/>
LINE 14		<input type="checkbox"/>
LINE 15		<input type="checkbox"/>
LINE 16		<input type="checkbox"/>
LINE 17		<input type="checkbox"/>

PRINT TWO (2) COPIES OF THIS COVER SHEET - COMPLETE ALL REQUIRED DATA.
PRINT TWO (2) COPIES OF YOUR LEAGUE BOUNDARY MAP AND COMPLETE.
ATTACH THIS COVER SHEET TO EACH COMPLETED BOUNDARY MAP.