



February 13, 2025

Dear La Habra City Little League 2025 Managers, Coaches and Designated Team Parents,

Welcome to the La Habra City Little League 2025 Spring Season! **Thank you** for your commitment to serving our community, our youth and LHCLL by being a manager, coach, or designated team parent. We appreciate and value you. This program is not possible without your generous donation of time and energy.

**We have some big goals!**

Goal 1: Improve our program for our players and our families.

Goal 2: Be supportive of each other.

Goal 3: Have a safe and fun environment.

Here are some additional items that are important to mention for this 2024 Season...

1. Volunteer Requirements: The volunteer application form, JDP background check (LL requirement), Live Scan (state requirement) & training are required of all volunteers and are available on our website to complete & upload. Training includes Abuse Awareness for Adults, CDC Heads Up Training, Sudden Cardiac Prevention Training for Youth Sports Programs & Diamond Leadership Training.
2. Interleague Play: Single A divisions and below will be competing within our league, AA interleagues with West Fullerton, AAA & Major will interleague with West Fullerton & perhaps Garden Grove.
3. Cashless Snack Shack: Our point-of-sale machine processes multiple forms of payment.
4. Esteli Lights: The lights at Esteli Park will automatically turn off at **10:00 PM** sharp. Please plan & allow yourself time to pack up, do field maintenance, & safely reach your vehicles before it is totally dark.
5. Golf Cart Keys: Keys must not be stored in the ignition of the golf cart. Instead, store keys in the lock box attached to the golf cart even while parked unattended. The code will be given to managers.
6. Manager, Coaching Staff and Designated Team Parent Support: A board member may be present or can be contacted to assist you. Our priority is to provide a safe environment for our LHCLL members. Reach out to your division director or a board member for assistance. If issues arise regarding volunteers purposely not following LL guidelines, the following will be followed:
  - First Instance: Warning.
  - Second Instance: Suspension of manager or coach for a week.
  - Third Instance: The board meets to address the situation & may impose lengthier disciplinary action.
7. Please reach out to your Division Director first, who will reach out to our LHCLL President Jim Barger for assistance. The board directory is available on our website. Once again, we thank you and look forward to a safe and healthy spring 2025 season.

Sincerely, Your LHCLL Board of Directors



Little League Mission Statement

Little League believes in the power of youth baseball and softball to teach life lessons that build stronger individuals and communities.

**One Team. One Little League.**

Joined together by one common goal, every local league is part of **One Team. One Little League.**

Parents are strongly encouraged to become involved in Little League. After completing a Little League volunteer application and passing a required national background check, parents may become involved in practices, and be eligible as coaches, managers, umpires, local league board members, and other volunteer positions within the league.

For more information on Little League's divisions of baseball and softball, contact the League Development Department, at 570-326-1921; or email: [LLInternational@LittleLeague.org](mailto:LLInternational@LittleLeague.org).



## 2024-2025 La Habra City Little League Board of Directors Contact List

President: Jim Barger  
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Lower Div. Player Agent: Angela Orebaugh  
Tiny Tots, T-Ball, Rookie, Single A  
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Fundraising: Angela Orebaugh  
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Special Events/ Opening Day: Angela Orebaugh  
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Amanda Ray-Jaramillo  
Jessica Mata  
Angela Orebaugh

Vice Pres./Sponsorship: Angel Facundo  
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Co-Safety Officer: Bri Sullivan  
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Info. /Webmaster: Jim Barger  
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Angel Day Coord.: Bri Sullivan  
email: [bri@lhcll.com](mailto:bri@lhcll.com)

email: [amanda@lhcll.com](mailto:amanda@lhcll.com)

email: [jessica@lhcll.com](mailto:jessica@lhcll.com)

email: [angela@lhcll.com](mailto:angela@lhcll.com)

### Division Directors

Tiny Tots Tee-Ball and Tee Ball: Amanda Ray-Jaramillo email: [amanda@lhcll.com](mailto:amanda@lhcll.com)

Rookie: Doug Matsuda  
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AA: Bri Sullivan  
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Major: Albert Cazares  
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Single A: Angela Orebaugh  
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AAA: Alfred Mata  
email: [alfred@lhcll.com](mailto:alfred@lhcll.com)

50/70, Junior, & Senior: Jim Barger  
email: [jim@lhcll.com](mailto:jim@lhcll.com)

## 2025 LHCLL Spring Season Important Dates

**Field Day & Equipment Pick Up:** Sat., January 25, 2025, at Esteli Park from 10 AM -12 PM  
Managers & coaches from every team must attend to assist in preparing the fields for the season at Esteli, Ladera Palma & Portola Parks. We will all meet at Esteli Park by the snack shack at 10 AM and field work assignments will be distributed based on division.

The schedule for the day will be as follows:

10 AM - 12:00PM	Field Work
12:30 PM	Sign the manager contract, pay \$100 deposit for equipment bag, equipment and keys.



**Manager, Coach & Designated Team Parent Meeting:** Thursday, Feb. 13, 2025, at 7- 8:00 PM  
The meeting is virtual and google meeting links will be sent to all approved volunteers.

**Scorekeepers Assistance:** Official scorekeeping will be done via GameChanger.

The app is available to download for free. Our League's name is La Habra City Little League and it is already set up in GameChanger. Team names need to be set up in a format such as LH Majors Dodgers and a team's roster including player's names and numbers need to be inputted.

There are plenty of tutorials on YouTube also such as [https://youtu.be/Qo1JMRTjY\\_o?si=zpqYiVTL3DPkaI9A](https://youtu.be/Qo1JMRTjY_o?si=zpqYiVTL3DPkaI9A). There are also tutorials that teach you how to practice scorekeeping on GameChanger. If a scorekeeper has any questions or needs assistance, they can contact their Division Director.

**Live Scan:** A link to do this will be sent to volunteers once they have completed the following:

Submitted a volunteer application online along with certificates proving completion of online training (Abuse Awareness, Head's Up Concussion Training, Cardiac Arrest, & Diamond Leadership training) & completing a JDP background check.

**Practices Begin:** For all teams, practices begin on Mon., February 3, 2025.

**Team Sponsorships:** The due date is on or before **3/15/24**. A minimum \$350 Golden Glove Sponsorship is required per team. See Sponsorship flyer for details. The sooner, within a week, you turn in the sponsorship, the more likely your banner will be made in time for Opening Day. Contact Angel via email at [angel@lhcll.com](mailto:angel@lhcll.com) for further questions.

**Hit-a-thon at Practices:** The Hit-a-thon must take place at your practices between **2/3/25 & 2/22/25**.

**Hit-a-thon Info Deadline:** Submit each team's Hit-a-thon info on or before **2/22/25**. See Hit-a-thon info flyer for details.

**Opening Day & Hit - Off:** Sat., March 1, 2025, at Esteli Park. Arrive early. **This is a tentative Opening Day schedule.**

10:30 AM	Check-in begins for those who advanced to the Hit-Off.
11:00 AM	Group Photos for Division Managers & Coaches and time to hang team banners for banner contest.
11:30 AM	Hit-a-thon Hit Off begins.
12:00 PM	Team banner competition judging begins. (Hang your team banner early at 11 AM before judging.)
12:00 PM	Teams check in for parade.
12:30 PM	Begin staging teams on Dick Gross Field for the parade.
1:00 PM	Team parades begin.
1:30 PM	Opening Welcome and banner and Hit-a-thon Awards.

**Game Play Begins:** The week of March 2, 2025.

**Angel Day:** Sunday, April 6, 2025. Angels VS. Cleveland Guardians. The game start time is 1:07 PM. The lot opens at 9 AM. There are only 3 parade passes allowed per team for the manager, coach and designated team parent to parade with players with no exceptions. If siblings are not league players, they cannot parade. The Parade line up begins outside of Gate 6 at 10:30 AM with the parade beginning at 11 AM. The parade ends at approximately 12 noon. Teams arriving late to the parade cannot parade. More information to come soon.

**Photo Day:** Sun., March 9, 2025, with Epic Images. Photo Day schedules & location will be shared soon.

**Fundraiser Restaurant Nights** (optional): Taco Nazo & Raising Cane's Chicken Fingers. Dates: TBD soon. Once dates are set, an email will be sent out & it will be posted on our website...Mention La Habra City Little League.

## All Volunteer Responsibilities

1. Dugout/Playing Field Rules: There are no alcoholic beverages, smoking/vaping or food allowed in the dugout, batting cages or on any playing field at any time. School grounds are also smoke free.
2. Chain of Command: If you have any questions or if you need assistance concerning problems or complaints: First speak to your division director ASAP. Do not wait. They are ready to help you. If more assistance is needed, then contact the player agent, then the vice president and then the president.
3. Injuries: All injuries must be reported to the Safety Directors, Albert Cazares & Amanda Ray-Jaramillo, at [albert@lhcll.com](mailto:albert@lhcll.com) & [bri@lhcll.com](mailto:bri@lhcll.com). The accident/incident forms must be filled out and turned into them as soon as possible. Managers must email them to report all injuries. **Important**: Make extra copies of the accident & incident forms now and make sure to always have the forms with you at practice & games.
4. Designated Team Parent and Managers: Work together to provide information to your team families via email, text, or phone call. Verify your message was received by asking families to reply to your messages.
5. Fundraising & Sponsorship: Hit-a-thon, team sponsorship & Angel Day. Please share all the information regarding these events with your team families. Angel Day is a District 56 fundraiser. It is extremely important that you remind families of dates & deadlines. The Hit-a-thon is a required fundraiser for each player with a minimum of \$100 raised per player or a \$100 buyout at registration. The deadline for fundraising is **2/24/25**. The Sponsorship is a required fundraiser for each team with each team required to obtain a minimum \$350 Golden Glove Sponsorship. Sponsorship information must be provided to the league **on or before Sat., 3/15/25**. Complete and return the sponsorship form and check written to La Habra City Little League (no cash) to your designated team parent or contact Angel Facundo, LHCLL Sponsorship Director at 562-483-3270 or email at [angel@lhcll.com](mailto:angel@lhcll.com). Payment can also be made via Zelle using the email [alfred@lhcll.com](mailto:alfred@lhcll.com). Please be sure to note division & team in Zelle comments.
6. Designated Team Parent & Snack Shack: The Designated Team Parent or Manager is responsible for scheduling parents for snack shack shifts on the date/s assigned & must be present at the start of each shift to ensure all parents are present. As soon as all games are scheduled and snack shack schedules are created, managers & designated team parents will be given their team's assigned snack shack work dates. You must collect buyout payments, when parents pay \$ rather than do duty, & collect the no show \$25 payment if a parent/guardian is not present for their shift. The completed schedule must be turned into the snack shack in person or via email a minimum of two days prior to your team's first day of duty. The designated team parent or manager is responsible for giving the collected buyout to the person covering the shift after the shift is completed.
7. Snack Shack Duty: It is each and every parent/guardian's responsibility to work the Snack Shack. If this not possible, the buyout of \$15 per hour and \$7.50 for half an hour must be paid to the Designated Team Parent so that someone can work that shift in their place. An additional \$25 fee must be collected for no shows.
8. Team Funds: Funds should only be collected as events come up, & not collected in advance of the season, unless the funds are itemized by amount collected, from whom & for what. Money, if collected in advance, must be turned into the league treasurer and when the event approaches, the treasurer will write a check for the amount. Any unused funds will be disbursed equally to the team parents according to how it was collected.
7. Lost and Found: Items found on the fields or parking lot should be turned into the snack shack for return to owner. Lost items are only saved for the present baseball season and are later donated or discarded.
8. Field Trash and Shed Clean Up: Every team's manager & coach are responsible for straightening up the field & shed where they play or practice. If repairs are needed, notify the director ASAP or if fixable, please, try to fix it.
9. Team and Fan Responsibilities: All trash under the bleachers, fan sitting areas, dugouts, fields & school fields need to be picked up & cleaned. Sheds, dugouts, batting cages & field gates must be locked after use.
10. Team Banners: Each team may have a team banner. Banners can be any size but to win on Opening Day, the team must have a sponsor with the sponsor's name on the banner.



# LA HABRA CITY LITTLE LEAGUE SPONSORSHIP OPPORTUNITIES



## **Hall of Fame Sponsor- \$1,000**

La Habra City Little League Tax ID: 95-6099772

- LHCLL logo zip-up hoodies for team
- \$100 pizza party gift certificate
- Snack shack treat for players: Slush Puppie or large fountain drink w/a hot dog, chips and candy
- Sponsor banner
- Sponsor listed on league website [www.lhcll.com](http://www.lhcll.com)
- Recognition on Opening Day
- Social media recognition
- Thank you team picture plaque

## **MVP Sponsor- \$750**

- LHCLL logo practice shirts for all players
- \$75 pizza party gift certificate
- Snack shack treat for players: Slush Puppie or medium fountain drink with a hot dog, and chips
- Sponsor banner.
- Sponsor listed on league website [www.lhcll.com](http://www.lhcll.com)
- Recognition at Opening Day Ceremony
- Social media recognition
- Thank you team picture plaque

## **Silver Slugger Sponsor- \$500**

- \$50 pizza party gift certificate
- Snack shack treat for players: Slush Puppie and chips
- Sponsor banner
- Sponsor listed on league website [www.lhcll.com](http://www.lhcll.com)
- Recognition on Opening Day
- Social Media Recognition
- Thank you team picture plaque

## **Golden Glove Sponsor-\$350 (Each team is required to obtain this minimum)**

- \$35 pizza party gift certificate
- Snack shack treat for players: Slush Puppie
- Sponsor banner
- Sponsor listed on league website [www.lhcll.com](http://www.lhcll.com)
- Recognition on Opening Day
- Social Media Recognition
- Thank you team picture plaque

Complete and return this form, sponsor information and check written to **La Habra City Little League** (no cash) to your designated team parent or contact **Angel Facundo**, LHCLL Sponsorship Director at **562-483-3270** or email at [angel@lhcll.com](mailto:angel@lhcll.com) . Payment can also be made via Zelle using the email [Alfred@lhcll.com](mailto:Alfred@lhcll.com). Please be sure to note division and team in Zelle comments. **Due Date: On or before 3/15/2025**



# La Habra City Little League Sponsorship Banner Information

### Banner sample:

PROUD SPONSOR of LHCLL		
LOGO	Company Name	LOGO
Contact Person		
Website		

The name of the sponsored La Habra City Little League team and division:  
(example: AA Tigers)

\_\_\_\_\_

Business or organization name:

\_\_\_\_\_

Business contact's name:

\_\_\_\_\_

Business contact's phone number: \_\_\_\_\_

Business contact email: \_\_\_\_\_

Business website: \_\_\_\_\_

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**For the banner design:**

Put a check mark in the box and write on the line only the information that you want on the banner. If you do not want the info included on the banner do NOT put a check mark in the box and do not write the info on the line. If a logo will be placed on the banner, a high-resolution image needs to be emailed to [angel@lhcll.com](mailto:angel@lhcll.com)

Company name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Logo: \_\_\_\_\_

Phone number: \_\_\_\_\_

Website or email address: \_\_\_\_\_

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For LHCLL use: Payment amount: \_\_\_\_\_

check # and name: \_\_\_\_\_

Zelle (in comments add -"sponsor & business Name")

**Angel Facundo, Sponsorship Director,  
LHCLL at 562-483-3270 [angel@lhcll.com](mailto:angel@lhcll.com)  
for questions and to forward artwork**



## 2025 Annual Fundraiser Hit-a-thon

Dear parents and families,

February 3, 2025

We are thrilled about our fundraiser this season...the "**Hit-a-thon**" and we are excited to streamline our fundraiser by going online this season with pledges.

In the coming days, you will receive an email with a link to your participant's pledge page. You do not need to log in or change anything. Simply donate whatever you can and share your participant's link with friends and family. We are shooting for 100% participation. No pledge amount is too small to help reach your \$100 minimum goal raised by player. You will be able to reach out to friends and family by email, Facebook, Twitter, or text instead of going door-to-door, tracking commitments, and handling money or checks. If you bought out of this fundraiser at registration by paying \$100, you will not be sent the fundraising link, but your player will participate in the Hit-a-thon at practice with a chance to qualify for the event on Opening Day on March 1, 2025.

There are two options for pledges: A donation per hit or a flat donation. For example:

-If a donation per hit of \$3 is entered and the participant completes 10 hits. That donation is \$30.

-If a flat donation of any amount is made (for example \$20), no matter the number of hits the participant makes, the donation remains \$20.

**\*Important!** You must change the % donation from 99 Pledges to (0) or they will get a larger % of our profits.

**Please, remember a minimum of \$100 raised per participant is required for this fundraiser.**

If you do not receive the email for whatever reason, simply search and find your participant's online pledge page here: [www.99pledges.com/fund/LaHabraCityLL25](http://www.99pledges.com/fund/LaHabraCityLL25)

Here is a sample of a text that you can use to share this Hit-a-thon Fundraiser: "(Write in participant's name: For example: Reggie Jackson), is participating in a fundraiser and would love your support. If you would like to donate, you can do so online at the following link: [www.99pledges.com/fund/LaHabraCityLL25](http://www.99pledges.com/fund/LaHabraCityLL25)

**Hit-a-thon:** Each team will incorporate a team Hit-a-thon into practice sometime between Mon., 2/3/25 to Sat., 2/22/25. The top two players per team (a player with the top \$ pledged & a player who has hit the ball the furthest at the team's Hit-a-thon at practice) will qualify to participate in a Hit-Off on LHCLL's Opening Day on Sat., March 1, 2025. Players who paid \$100 and bought out of this fundraiser at registration will participate at the Hit-a-thon at practice but will not be provided a fundraising link since they already paid \$100 in advance.

**Managers** must email Angela at [angela@lhcll.com](mailto:angela@lhcll.com) **by or before 2/22/25** with the following info: A photo of your completely filled Hit-A-thon form, their division name, team name, manager name, and the furthest hitting player's full name and that player's contact information including parent or guardian's name along with their email and cell phone number. This info will be used to contact the top two players to participate in the Hit-Off.

**Hit-Off:** On Opening Day, March 1, the top two players from each team, (a player with the top \$ pledged & a player who has hit the ball the furthest at the team Hit-a-thon at practice), will compete in a Hit-Off during Opening Day. Prizes will be awarded per division. For Questions, please contact Angela Orebaugh at [angela@lhcll.com](mailto:angela@lhcll.com)

Thanks for your support!

La Habra City Little League Baseball, Inc

J. Mata 1/22/25



# 2025 Hit-a-thon Instructions

**What:** The Hit-a-thon is LHCLL's annual fundraiser. Players may receive a flat donation or pledges per hit through the 99 Pledges link assigned to each player.

**When:** Managers & coaches must conduct their team's Hit-a-thon at a practice on any day beginning Monday, February 3, 2025, through Saturday, February 22, 2025, and record results on form provided in the Hit-a-thon kit and then provide the results to the league.

😊 There are Hit-a-thon kits located in each shed that contain everything you need to do this: Instructions, Hit-a-thon Forms for filling out team information, pens, and cones.

**Where:** On the baseball field at your practice.

**Who:** Only designated **background checked and approved** volunteers can assist the team... Managers, coaches, the designated team parents, and board members can assist.

## -----Instructions on how to do the Hit-a-thon at practice...-----

**IMPORTANT:** Look in the shed for the Hit-a-thon Kits. The Kit is a clear zippered plastic bag. It contains orange cones to be used as markers to mark hits. If cones are not available, you can use a player's glove. The kit includes instructions, a form for you to fill out team results, and pens.

After using the kit, please return the bag with all items in it to the shed for the next team to use. **Keep your form.** There are enough supplies in each kit for two teams to use a kit at the same time.

1. Each player will receive 10 balls to hit off a tee.
2. The player will attempt to hit each ball. A cone or whatever is handy like the player's glove can be used to mark where the hit ball landed. Keep track of the furthest hit ball by leaving a cone, or the player's glove there. After hitting their 10 balls, the player can leave their glove or stand on the spot where their furthest hit landed & remain there until each player hits and the Hit-a-thon is completed for the whole team.
3. When a new player begins to hit, repeat the above process.
4. Managers will use the Hit-a-thon form provided for their team to track each player's number of hits made from 10 hits and keep track of the three players that hit the furthest by writing first, second and third on the form. We need additional info on the form just in case the player who hit the furthest is not available for the Hit-Off on Opening Day and we need to contact the player who hit the second furthest on the team and so on.
5. Managers must email Angela Orebaugh at [angela@lhcll.com](mailto:angela@lhcll.com) on or before 2/22/25 & attach the filled-out Manager Hit -a-thon form & include the following info in your email:

Division name, team name, manager name, and player's name who hit the furthest with the player's parent or guardian's name and contact info: email & cell phone number.

This information will be used by us to notify those players that qualify to compete in the Hit-Off.

**Opening Day Hit-Off:** This will take place on Opening Day on Sat., March 1, 2025, for the top two qualifiers per team (one player who hit the furthest and the one player that raised the most donations). Qualifiers will be notified that they will be participating in the Hit-Off prior to Opening Day.

**League Winners:** The team in each division that raises the most pledges will earn a PIZZA PARTY for their Team (players only & designated volunteers only).

**Fundraising 5 Top Grand Prizes:** 1<sup>st</sup>: Knott's Season Passes, 2<sup>nd</sup>: Boomers Passes, 3<sup>rd</sup>: Angel Day tickets to our Angel Day, 4<sup>th</sup>: a batting cage gift certificate, 5<sup>th</sup> movie passes

*J. Mata 1/22/25*





# 2025 LA HABRA CITY LITTLE LEAGUE HIT-A-THON FORM

Division: \_\_\_\_\_ Team Name: \_\_\_\_\_ Manager: \_\_\_\_\_

	Player's First Name	Player's Last Name	Total Hits	For the three players who hit the furthest, write...first, second & third place below.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
	Notes:			

Hit Recorder: Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Hit-a-thon:** Each team will incorporate a team Hit-a-thon into practice between Mon., 2/3/25 to Sat., 2/22/25. The top two players per team (a player with the top \$ pledged by 2/24/25 & a player who has hit the ball the furthest at the team Hit-a-thon held at their practice) will qualify to participate in a Hit-Off on LHCLL's Opening Day on March 1, 2025.

J. Mata 1/22/25



# LHCLI

## Opening Ceremonies



SATURDAY, MARCH 1

15TH  
ANNUAL  
CLASSIC  
CAR SHOW

ESTELLI PARK

STARTS @ 11:00AM

FREE ENTRY

**HIT-A-THON**

**FOOD VENDORS**

**SPECIALTY VENDORS**

**INFLATABLES**

**STAR WARS CHARCTERS**

**FACE PAINTING**

**PHOTO BOOTH**

**BALLOON ARTIST**

**DJ**

**AND MORE!!!**

MORE INFO  
TO COME...

# LITTLE LEAGUE DAY



PLAYERS  
PARADE ONTO  
*The Field*

**Parade**  
11:15AM

**Tickets Available:**

**\$27 each**

**Right Field MVP  
Left Field Pavillion  
View All Star**

**TICKETS ARE ON A FIRST-COME, FIRST SERVE BASIS!**

**ANGELS**

**VS**

**CLEVELAND  
GUARDIANS**

**6 APRIL 2025 | 1:07 PM**

**ANGEL STADIUM  
2000 E GENE AUTRY WAY ANAHEIM**



Join La Habra City Little League for a fun day of Angels baseball!

**Sunday, April 6, 2025 @ 1:07 PM**  
**Angels vs. Cleveland Guardians**

The pre-game parade is from 11:15 AM - 12:15 PM for players and 3 LHCLL-approved volunteers per team.  
 (Managers, Coaches or Designated Team Parent ONLY!)

**Tickets are limited and MUST be purchased from LHCLL!!**

**To purchase tickets:** Each family MUST completely fill out this ticket order form and turn it in to your designated team parent or manager ASAP. All orders will be turned in as a team, together to the snack shack no later than Saturday, March 15, 2025. Tickets are available on a first-come, first-serve basis. If your chosen section is no longer available, you will be provided with the next best seats.

Order Form		
Section/Price	Quantity	Total
Right Field MVP 237		
Right Field MVP 238		
Left Field Pavilion 257		
View All Star 510		
		\$

**\$27<sup>EA.</sup>**

**Paying for tickets:** If paying by credit/debit, invoices will be emailed directly to the contact listed on this form and will be payable online. Please be sure to check junk mail folders. If paying with cash, money can be turned into the snack shack.

Please make sure to place cash in an envelope with your player's FULL NAME, DIVISION, and MANAGER'S NAME. ALL payments for tickets, either cash or through the emailed invoice, MUST be made by Thursday, March 27th. Unpaid tickets will be released to others.

TICKET CONTACT & PURCHASER'S Full name:		Phone:
Email address: (This is where any Game Day notifications and ticket invoice will be sent to.)		
Division:	Team name:	Team manager's name:
Player(s) name:		
Method of payment: (Please check one)		
Cash:		Debit/Credit:

All paid-in-full tickets will be distributed to your team's designated team parent no later than Thursday, April 3rd.

Order Deadline: Saturday, March 15th  
 Payments Due By: Thursday, March 27th

**Payment Options**

Cash  Credit/Debit

## Little League® Baseball & Softball CLAIM FORM INSTRUCTIONS



**WARNING** — It is important that parents/guardians and players note that: *Protective equipment cannot prevent all injuries a player might receive while participating in baseball/softball.*

To expedite league personnel's reporting of injuries, we have prepared guidelines to use as a checklist in completing reports. It will save time -- and speed your payment of claims.

The National Union Fire Insurance Company of Pittsburgh, Pa. (NUFIC) Accident Master Policy acquired through Little League® contains an "Excess Coverage Provision" whereby all personal and/or group insurance shall be used first.

The Accident Claim Form must be fully completed, including a Social Security Number, for processing. To help explain insurance coverage to parents/guardians refer to *What Parents Should Know* on the internet that should be reproduced on your league's letterhead and distributed to parents/guardians of all participants at registration time.

If injuries occur, initially it is necessary to determine whether claimant's parents/guardians or the claimant has other insurance such as group, employer, Blue Cross and Blue Shield, etc., which pays benefits. (This information should be obtained at the time of registration prior to tryouts.) If such coverage is provided, the claim must be filed first with the primary company under which the parent/guardian or claimant is insured.

When filing a claim, all medical costs should be fully itemized and forwarded to Little League International. If no other insurance is in effect, a letter from the parent/guardian or claimant's employer explaining the lack of group or employer insurance should accompany the claim form.

The NUFIC Accident Policy is acquired by leagues, not parents, and provides comprehensive coverage at an affordable cost. Accident coverage is underwritten by National Union Fire Insurance Company of Pittsburgh, a Pennsylvania Insurance company, with its principal place of business at 175 Water Street, 18th Floor, New York, NY 10038. It is currently authorized to transact business in all states and the District of Columbia. NAIC Number 19445. This is a brief description of the coverage available under the policy. The policy will contain limitations, exclusions, and termination provisions. Full details of the coverage are contained in the Policy. If there are any conflicts between this document and the Policy, the Policy shall govern.

The current insurance rates would not be possible without your help in stressing safety programs at the local level. The ASAP manual, **League Safety Officer Program Kit**, is recommended for use by your Safety Officer.

## **TREATMENT OF DENTAL INJURIES**

Deferred Dental Treatment for claims or injuries occurring in 2002 and beyond: If the insured incurs injury to sound, natural teeth and necessary treatment requires that dental treatment for that injury must be postponed to a date more than 52 weeks after the date of the injury due to, but not limited to, the physiological changes occurring to an insured who is a growing child, we will pay the lesser of the maximum benefit of \$1,500.00 or the reasonable expense incurred for the deferred dental treatment. Reasonable expenses incurred for deferred dental treatment are only covered if they are incurred on or before the insured's 23rd birthday. Reasonable Expenses incurred for deferred root canal therapy are only covered if they are incurred within 104 weeks after the date the Injury is sustained.

## **CHECKLIST FOR PREPARING CLAIM FORM**

1. Print or type all information.
2. Complete all portions of the claim form before mailing to our office.
3. Be sure to include league name and league ID number.

## **PART I - CLAIMANT, OR PARENT(S)/GUARDIAN(S), IF CLAIMANT IS A MINOR**

1. The adult claimant or parent(s)/guardians(s) must sign this section, **if the claimant is a minor.**
2. Give the name and address of the injured person, along with the name and address of the parent(s)/guardian(s), if claimant is a minor.
3. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**
4. It is mandatory to forward information on other insurance. Without that information there will be a delay in processing your claim. If no insurance, written verification from each parent/spouse employer must be submitted.
5. Be certain all necessary papers are attached to the claim form. (See instruction 3.) Only itemized bills are acceptable.
6. On dental claims, it is necessary to submit charges to the major medical and dental insurance company of the claimant, or parent(s)/guardian(s) if claimant is a minor. "Accident-related treatment to whole, sound, natural teeth as a direct and independent result of an accident" must be stated on the form and bills. Please forward a copy of the insurance company's response to Little League International. Include the claimant's name, league ID, and year of the injury on the form.

## **PART II - LEAGUE STATEMENT**

1. This section must be filled out, signed and dated by the **league official.**
2. Fill out all sections, including check marks in the appropriate boxes for all categories. **Do not leave any section blank. This will cause a delay in processing your claim and a copy of the claim form will be returned to you for completion.**

**IMPORTANT:** Notification of a claim should be filed with Little League International within 20 days of the incident for the current season.



# LITTLE LEAGUE® BASEBALL AND SOFTBALL ACCIDENT NOTIFICATION FORM INSTRUCTIONS

**Send Completed Form To:**  
Little League® International  
539 US Route 15 Hwy, PO Box 3485  
Williamsport PA 17701-0485  
**Accident Claim Contact Numbers:**  
Phone: 570-327-1674

1. This form must be completed by parents (if claimant is under 19 years of age) and a league official and forwarded to Little League Headquarters within 20 days after the accident. A photocopy of this form should be made and kept by the claimant/parent. Initial medical/dental treatment must be rendered within 30 days of the Little League accident.
2. Itemized bills including description of service, date of service, procedure and diagnosis codes for medical services/supplies and/or other documentation related to claim for benefits are to be provided within 90 days after the accident date. In no event shall such proof be furnished later than 12 months from the date the medical expense was incurred.
3. When other insurance is present, parents or claimant must forward copies of the Explanation of Benefits or Notice/Letter of Denial for each charge directly to Little League Headquarters, even if the charges do not exceed the deductible of the primary insurance program.
4. Policy provides benefits for eligible medical expenses incurred within 52 weeks of the accident, subject to Excess Coverage and Exclusion provisions of the plan.
5. **Limited** deferred medical/dental benefits may be available for necessary treatment incurred after 52 weeks. Refer to insurance brochure provided to the league president, or contact Little League Headquarters within the year of injury.
6. Accident Claim Form must be fully completed - including Social Security Number (SSN) - for processing.

League Name		League I.D.	
Name of Injured Person/Claimant		SSN	Age
Name of Parent/Guardian, if Claimant is a Minor		Home Phone (Inc. Area Code)	Bus. Phone (Inc. Area Code)
Address of Claimant		Address of Parent/Guardian, if different	

The Little League Master Accident Policy provides benefits in **excess** of benefits from other insurance programs subject to a \$50 deductible per injury. "Other insurance programs" include family's personal insurance, student insurance through a school or insurance through an employer for employees and family members. Please CHECK the appropriate boxes below. If YES, follow instruction 3 above.

Does the insured Person/Parent/Guardian have any insurance through:

Employer Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	School Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Individual Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dental Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date of Accident	Time of Accident	Type of Injury
	<input type="checkbox"/> AM <input type="checkbox"/> PM	

Describe exactly how accident happened, including playing position at the time of accident:

Check all applicable responses in **each** column:

<input type="checkbox"/> BASEBALL	<input type="checkbox"/> CHALLENGER (4-18)	<input type="checkbox"/> PLAYER	<input type="checkbox"/> TRYOUTS	<input type="checkbox"/> SPECIAL EVENT (NOT GAMES)
<input type="checkbox"/> SOFTBALL	<input type="checkbox"/> T-BALL (4-7)	<input type="checkbox"/> MANAGER, COACH	<input type="checkbox"/> PRACTICE	<input type="checkbox"/> SPECIAL GAME(S) (Submit a copy of your approval from Little League Incorporated)
<input type="checkbox"/> CHALLENGER	<input type="checkbox"/> MINOR (6-12)	<input type="checkbox"/> VOLUNTEER UMPIRE	<input type="checkbox"/> SCHEDULED GAME	
<input type="checkbox"/> TAD (2ND SEASON)	<input type="checkbox"/> LITTLE LEAGUE (9-12)	<input type="checkbox"/> PLAYER AGENT	<input type="checkbox"/> TRAVEL TO	
	<input type="checkbox"/> INTERMEDIATE (50/70) (11-13)	<input type="checkbox"/> OFFICIAL SCOREKEEPER	<input type="checkbox"/> TRAVEL FROM	
	<input type="checkbox"/> JUNIOR (12-14)	<input type="checkbox"/> SAFETY OFFICER	<input type="checkbox"/> TOURNAMENT	
	<input type="checkbox"/> SENIOR (13-16)	<input type="checkbox"/> VOLUNTEER WORKER	<input type="checkbox"/> OTHER (Describe)	

I hereby certify that I have read the answers to all parts of this form and to the best of my knowledge and belief the information contained is complete and correct as herein given.

I understand that it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against an insurer by submitting an application or filing a claim containing a false or deceptive statement(s). See Remarks section on reverse side of form.

I hereby authorize any physician, hospital or other medically related facility, insurance company or other organization, institution or person that has any records or knowledge of me, and/or the above named claimant, or our health, to disclose, whenever requested to do so by Little League and/or National Union Fire Insurance Company of Pittsburgh, Pa. A photostatic copy of this authorization shall be considered as effective and valid as the original.

Date	Claimant/Parent/Guardian Signature (In a two parent household, both parents must sign this form.)
Date	Claimant/Parent/Guardian Signature

**For Residents of California:**

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**For Residents of New York:**

Any person who knowingly and with the intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**For Residents of Pennsylvania:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**For Residents of All Other States:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**PART 2 - LEAGUE STATEMENT (Other than Parent or Claimant)**

Name of League	Name of Injured Person/Claimant	League I.D. Number
Name of League Official	Position in League	
Address of League Official	Telephone Numbers (Inc. Area Codes) Residence: (    ) Business: (    ) Fax: (    )	

Were you a witness to the accident?  Yes  No

Provide names and addresses of any known witnesses to the reported accident.

Check the boxes for all appropriate items below. At least one item in each column must be selected.

POSITION WHEN INJURED	INJURY	PART OF BODY	CAUSE OF INJURY
<input type="checkbox"/> 01 1ST	<input type="checkbox"/> 01 ABRASION	<input type="checkbox"/> 01 ABDOMEN	<input type="checkbox"/> 01 BATTED BALL
<input type="checkbox"/> 02 2ND	<input type="checkbox"/> 02 BITES	<input type="checkbox"/> 02 ANKLE	<input type="checkbox"/> 02 BATTING
<input type="checkbox"/> 03 3RD	<input type="checkbox"/> 03 CONCUSSION	<input type="checkbox"/> 03 ARM	<input type="checkbox"/> 03 CATCHING
<input type="checkbox"/> 04 BATTER	<input type="checkbox"/> 04 CONTUSION	<input type="checkbox"/> 04 BACK	<input type="checkbox"/> 04 COLLIDING
<input type="checkbox"/> 05 BENCH	<input type="checkbox"/> 05 DENTAL	<input type="checkbox"/> 05 CHEST	<input type="checkbox"/> 05 COLLIDING WITH FENCE
<input type="checkbox"/> 06 BULLPEN	<input type="checkbox"/> 06 DISLOCATION	<input type="checkbox"/> 06 EAR	<input type="checkbox"/> 06 FALLING
<input type="checkbox"/> 07 CATCHER	<input type="checkbox"/> 07 DISMEMBERMENT	<input type="checkbox"/> 07 ELBOW	<input type="checkbox"/> 07 HIT BY BAT
<input type="checkbox"/> 08 COACH	<input type="checkbox"/> 08 EPIPHYSES	<input type="checkbox"/> 08 EYE	<input type="checkbox"/> 08 HORSEPLAY
<input type="checkbox"/> 09 COACHING BOX	<input type="checkbox"/> 09 FATALITY	<input type="checkbox"/> 09 FACE	<input type="checkbox"/> 09 PITCHED BALL
<input type="checkbox"/> 10 DUGOUT	<input type="checkbox"/> 10 FRACTURE	<input type="checkbox"/> 10 FATALITY	<input type="checkbox"/> 10 RUNNING
<input type="checkbox"/> 11 MANAGER	<input type="checkbox"/> 11 HEMATOMA	<input type="checkbox"/> 11 FOOT	<input type="checkbox"/> 11 SHARP OBJECT
<input type="checkbox"/> 12 ON DECK	<input type="checkbox"/> 12 HEMORRHAGE	<input type="checkbox"/> 12 HAND	<input type="checkbox"/> 12 SLIDING
<input type="checkbox"/> 13 OUTFIELD	<input type="checkbox"/> 13 LACERATION	<input type="checkbox"/> 13 HEAD	<input type="checkbox"/> 13 TAGGING
<input type="checkbox"/> 14 PITCHER	<input type="checkbox"/> 14 PUNCTURE	<input type="checkbox"/> 14 HIP	<input type="checkbox"/> 14 THROWING
<input type="checkbox"/> 15 RUNNER	<input type="checkbox"/> 15 RUPTURE	<input type="checkbox"/> 15 KNEE	<input type="checkbox"/> 15 THROWN BALL
<input type="checkbox"/> 16 SCOREKEEPER	<input type="checkbox"/> 16 SPRAIN	<input type="checkbox"/> 16 LEG	<input type="checkbox"/> 16 OTHER
<input type="checkbox"/> 17 SHORTSTOP	<input type="checkbox"/> 17 SUNSTROKE	<input type="checkbox"/> 17 LIPS	<input type="checkbox"/> 17 UNKNOWN
<input type="checkbox"/> 18 TO/FROM GAME	<input type="checkbox"/> 18 OTHER	<input type="checkbox"/> 18 MOUTH	
<input type="checkbox"/> 19 UMPIRE	<input type="checkbox"/> 19 UNKNOWN	<input type="checkbox"/> 19 NECK	
<input type="checkbox"/> 20 OTHER	<input type="checkbox"/> 20 PARALYSIS/ PARAPLEGIC	<input type="checkbox"/> 20 NOSE	
<input type="checkbox"/> 21 UNKNOWN		<input type="checkbox"/> 21 SHOULDER	
<input type="checkbox"/> 22 WARMING UP		<input type="checkbox"/> 22 SIDE	
		<input type="checkbox"/> 23 TEETH	
		<input type="checkbox"/> 24 TESTICLE	
		<input type="checkbox"/> 25 WRIST	
		<input type="checkbox"/> 26 UNKNOWN	
		<input type="checkbox"/> 27 FINGER	

Does your league use batting helmets with attached face guards?  YES  NO

If YES, are they  Mandatory or  Optional At what levels are they used?

I hereby certify that the above named claimant was injured while covered by the Little League Baseball Accident Insurance Policy at the time of the reported accident. I also certify that the information contained in the Claimant's Notification is true and correct as stated, to the best of my knowledge.

Date	League Official Signature
------	---------------------------



## For Local League Use Only

### Activities/Reporting

### A Safety Awareness Program's Incident/Injury Tracking Report

League Name: \_\_\_\_\_ League ID: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Incident Date: \_\_\_\_\_

Field Name/Location: \_\_\_\_\_ Incident Time: \_\_\_\_\_

Injured Person's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Parent's Name (If Player): \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Parents' Address (If Different): \_\_\_\_\_ City \_\_\_\_\_

#### Incident occurred while participating in:

- A.)  Baseball  Softball  Challenger  TAD
- B.)  Challenger  T-Ball  Minor  Major  Intermediate (50/70)  
 Junior  Senior  Big League
- C.)  Tryout  Practice  Game  Tournament  Special Event  
 Travel to  Travel from  Other (Describe): \_\_\_\_\_

#### Position/Role of person(s) involved in incident:

- D.)  Batter  Baserunner  Pitcher  Catcher  First Base  Second  
 Third  Short Stop  Left Field  Center Field  Right Field  Dugout  
 Umpire  Coach/Manager  Spectator  Volunteer  Other: \_\_\_\_\_

Type of injury: \_\_\_\_\_

Was first aid required?  Yes  No If yes, what: \_\_\_\_\_

Was professional medical treatment required?  Yes  No If yes, what: \_\_\_\_\_  
(If yes, the player must present a non-restrictive medical release prior to to being allowed in a game or practice.)

#### Type of incident and location:

- A.) On Primary Playing Field  
 Base Path:  Running or  Sliding  
 Hit by Ball:  Pitched or  Thrown or  Batted  
 Collision with:  Player or  Structure  
 Grounds Defect  
 Other: \_\_\_\_\_
- B.) Adjacent to Playing Field  
 Seating Area  
 Parking Area  
**C.) Concession Area**  
 Volunteer Worker  
 Customer/Bystander
- D.) Off Ball Field  
 Travel:  
 Car or  Bike or  
 Walking  
 League Activity  
 Other: \_\_\_\_\_

Please give a short description of incident: \_\_\_\_\_

Could this accident have been avoided? How: \_\_\_\_\_

This form is for local Little League use only (should not be sent to Little League International). This document should be used to evaluate potential safety hazards, unsafe practices and/or to contribute positive ideas in order to improve league safety. When an accident occurs, obtain as much information as possible. For all Accident claims or injuries that could become claims to any eligible participant under the Accident Insurance policy, please complete the Accident Notification Claim form available at [http://www.littleleague.org/Assets/forms\\_pubs/asap/AccidentClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/AccidentClaimForm.pdf) and send to Little League International. For all other claims to non-eligible participants under the Accident policy or claims that may result in litigation, please fill out the General Liability Claim form available here: [http://www.littleleague.org/Assets/forms\\_pubs/asap/GLClaimForm.pdf](http://www.littleleague.org/Assets/forms_pubs/asap/GLClaimForm.pdf).

Prepared By/Position: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Before Collecting Money for Team Funds...

### Stop and read this first.



- At no time can a manager, coach or designated team mom ask for any money from their team families unless the team is aware of what the money is being collected for. This must be in writing and for an item needed at that time.
- Only collect, if needed, money that is to be spent for necessary items for one month at a time and only after a completed itemized accounting of what the money is being spent on has been given to EACH parent via email or personally handed to them in document form.
- There is no team fund collection for the entire season's needs to be done at one time.
- EVERY parent is not obligated to participate in any team collection.
- If there are hardship parents who cannot participate in contributing to the team funds, speak with the manager & coaching staff about possibly helping these parents. Do not wait...reach out to your division director, who will then speak to the board to see how assistance may be provided to this family on a case-by-case basis.
- If a parent chooses NOT to participate in a team collection (for example: a team pizza party), or if a parent has been notified and has not turned in needed funds, then that parent may be informed (if that team wishes to) that their player is excluded in participating in that function but please try to figure a way to include everyone.
- Please make sure that parents have been notified with sufficient time regarding needed funds and that they have been diligently contacted prior to excluding a player for nonpayment.
- Please save your communications with your team if needed for future reference.
- Team banners may also be included in your collection of funds. However, if a player is unable to contribute to the banner, figure out a way to include their name on the banner like everyone else.
- Team pizza parties should be limited to one during the first half and one at the end. At no time should the buying of alcohol be part of any team fund collections.
- It is reasonable that team coaches' gifts may be included in the collection of team funds.
- Little League rules do not allow individual teams to hold fundraisers for their team fund collections.
- Any leftover funds MUST be distributed back to the team's parents by dividing the leftover amount evenly back to those who contributed to that collection.



## **Rainy Day Information**

**For rainy days or the day after a rainy day when fields might still be too damp, do the following:**

1. Managers: Contact your division director to see if your game or practice has been rained out or cancelled. Only one person per team should contact the director.
  - On Saturdays: Do not contact them before 7:45 a.m. as they are checking field conditions.
  - On weekdays: Do not contact them before 3:45 p.m. as they are checking field conditions.
2. Join our Facebook page or check it out at La Habra City Little League Baseball, Inc. for field updates after 3:45 p.m. on weekdays and after 7:45 a.m. on Saturdays. This is also a great place to look for all kinds of updates and reminders regarding LHCLL.
3. Visit our website at <https://play.lhcll.com> : Check the homepage of our LHCLL website by scrolling down to the bottom of the homepage & looking in the box titled FIELD STATUS for field updates.

**If practice or play is possible after a rain, do the following...**

1. Managers & coaches from both teams should ARRIVE EARLY, even when traveling to another field location, to allow yourself enough time to work on the field to remove standing water and prepare the field.
2. Prepare fields after rain by raking out standing water and applying turf dry to soak up the water. Be proactive as it is both teams' responsibilities to groom fields before and after use.

If we are out of turf dry, contact your division director to inform them.

# LHCLL Uniform Information and Equipment

## Uniforms:

The uniforms pictured are from a previous season.



- A LHCLL baseball jersey and a LHCLL baseball cap are included with each player's registration fee.
- Each team's manager and coaching team will decide and notify their team families which color (optional) long-sleeved undershirt, pants, belt, & socks need to be purchased to complete the player's uniform. Each player's family is responsible for purchasing these items on their own.



optional  
long sleeve shirt



pants



socks & belt



For male players both an athletic supporter and an athletic protective cup is needed.

- For male players, an athletic supporter or jockstrap and a protective cup is a mandatory part of their uniform

## Equipment:

- Each player must have their own baseball glove and batting helmet,

## IMPORTANT NOTICE

Here is additional information regarding:

- Chatter Rule,
- Spectator/parent ejections,
- Parking lot info., and
- City ordinances

### **Chatter Rule:**

- Chatter will be under the umpire's discretion if it is allowed to continue during any game.
- Chatter will be tolerated provided it remains an even tone of pitch and the verbiage is of encouragement to the players.
- It may NOT have an increase in volume either done by the defense or offensive players as to try to incite or distract a player from focusing on their play, pitch, or while batting.
- There are to be NO noise makers of any kind.
- Chatter should be directed to your own team and its players.
- At no time should a manager or coach mingle with the spectators except to keep them under control if warned by the umpire.
- At no time should any parent or fan say any derogatory remark to an opposing manager or coach, player, or umpire.

**IMPORTANT:** If any of the above is done, the offenders will be subject to all or part of the following: removal from the game with a possible game forfeited, suspension of the team's manager and/or the entire team's stands and guests emptied with the game not continuing until all are out of sight by the umpires.

### **Spectator/Parent Ejections:**

- ANY spectator or parent ejected from a game for any reason by the umpire or a league official must leave the playing field and park site immediately and may not return to pick up their player until the game has completed.
- The ejected person may not sit in the football bleachers, nearby bleachers and may not sit in the parking lot to cause distraction.
- The ejected person may not use cell phone communications as a way of communicating with anyone involved with the game being played.
- The ejected person will be subject to a one game suspension and may not return to the next regular played game site.
- Depending upon the ejection manner, the ejected person may be subject to more severe discipline & may be given complete expulsion from any games played for the entire season.
- If the ejected person does not remove themselves from the site immediately, the person will be given up to a three-game suspension.

## IMPORTANT NOTICE

### **For Graffitiing, Gang Activity, or other similar concerns:**

When safe to do so, call the La Habra Police Department at 562-383-4300.

**La Habra Graffiti removal 24-hour hotline:** 562-383-4220.

**La Habra Animal Control:** 562-383-4352

### **Parking Lot Information:**

Red Zones: All red zones in parking lots are unavailable for use even at our local schools when school is not in session.

Handicapped Parking: Handicapped parking is available for those displaying a handicapped placard.

Neighborhood Parking: Be courteous when parking in the neighborhoods adjacent to our fields.

### Ladera Palma Upper Parking lot and Loma Norte Park Road:

Proceed slowly and with caution when driving and parking through these areas as there are many young children and families hurrying to and from the fields or the parks.

Portola Park Parking: Parking in certain stalls adjacent to the fields can cause damage to your car from foul balls, homeruns or flying bats. It is your responsibility to park at a safe distance from the fields. You are responsible for any damage from such events.

**Sunflower Seeds & Peanuts:** Can only be eaten if the shell is placed into a cup & not on the ground.

**Drinks/Food:** Only water is allowed on Skeeter Holt Field. No food is allowed on any fields or dugouts.

### **City Ordinances:**

Title 6 Animals: Chapter 6.20 Care and keeping of dogs.

6.20.140 Dogs are allowed only in designated areas and parks.

It is unlawful for any person owning, having care or custody of, or charged with the control of any dog to be in a public park or playground unless:

A: The city council has a resolution designating the park or playground to permit access to dogs and the public park or playground is posted with a sign permitting access to a dog while on leash.

B. There are NO organized youth activities such as baseball, football, soccer, basketball, or other organized community events in progress while the dog is in the park.

C. It is unlawful for any person to walk a dog in any public park of this city without carrying, at all times, the means for the removal and disposal of dog feces.

D. Visually disabled persons who use seeing-eye dogs are exempt from this section. (ord.1627 part, 2003)

\*Dogs are allowed at Loma Norte Park.

\*Dogs are NOT allowed at Esteli Park and on school property and school fields unless the dog is a designated service animal.



## Awards



- First & second place awards will be given to AA, AAA, and Major Divisions.
- When there are three or more teams in Intermediate 50/70 and Junior Divisions we give trophies for first and second place. If there are only two team in this division then only the first place team gets an award,
- Third place or any other trophy is NOT given by the local league in these competitive divisions, and it is NOT recommended that it be given by team staff.
- Participation awards will be given to Tee-Ball, Minor B, and Minor A (the noncompetitive divisions) and only to the players.



## Snack Shack Guidelines for Designated Team Parents

“How to schedule parents to work the snack shack.”

Team shifts will be assigned as soon as game schedules for all divisions are completed.

**Designated Team Parents:** It is your responsibility to ensure that all scheduled snack shack shifts are covered for your team. You must also be present at the beginning of each shift to ensure each parent shows up. If they do not, you will have to help.

**Assigned Snack Shack dates:** As soon as game schedules are completed, teams will be given snack shack assignment date or dates.

The easiest way to do this... 😊

1. **Scheduling:** Begin scheduling your team parents to snack shack shifts as soon as possible. Shifts can be broken into times that are from 1 ½ hours minimum to 3 hours maximum. You can do this by dividing the total work time as equally as possible between your total number of players. It may be easier to ask parents which shift works best for them rather than assigning them. Use the snack shack assignment form to help you.

Attempt to fill up all shifts with parents first before you reach out to the parents that are managers and coaches to work shifts as they already donate so many hours each week already.

If a parent has two or more kids in our league or on a team, it is fair that they are scheduled shifts for each player.

On Saturdays, the BBQ grill is operating and only an adult can be assigned to do the grilling shifts.

2. **Buyouts:** If your team has any buyouts, collect the cash buyout fee *as soon as possible* and find a worker that is 16 years or older to work that shift. There is a ratio of two teenagers with one adult per shift. List the buyout worker's name and cell phone number in place of the parent's name that is buying out on the form.

The buyout is \$15 per hour and \$7.50 per half hour. It must be paid in cash to you so that you can pay the worker you will find to cover the shift. Collect the cash payment ahead of time. In the snack shack, we post a list of buyout workers that can be used to cover buyout shifts in the snack shack. We are in the process of doing that now. **Remember: Do not pay the worker until after they have worked their shift.**

3. **No Show fee:** Remind parents there is an additional \$25 no show fee if they do not show up for their shift.

\*These fees must be paid before their child plays in the next scheduled game.

4. **Turn in your team's snack shack schedule:** The completely filled out snack shack assignment form must be turned in a minimum of 48 hours (2 days) prior to your first scheduled shift. This can be done in 2 ways by either physically delivering the assignment form to the snack shack or emailing the form to [nicole@lhcll.com](mailto:nicole@lhcll.com).

5. **Inform your manager:** Provide your team manager with a copy of the completed snack shack work schedule for your team so that they know what is going on.

6. **Notifying Parents & Reminders:** Lastly, you can make copies of the snack shack parent reminder form, fill out the information for each parent with their assigned snack shack duty date and time and give the form to each parent at practice to remind them of their snack shack duty. Also, one week before your team's snack shack day, text/message the entire team in a group message to remind them that the team's schedule snack shack workday is coming. Attach a picture of the completed snack assignment form to the message.

7. **Questions or difficulties covering shifts:** Ask your team manager & coaches to assist you in getting parents to sign up. Do not wait until the week of your team's shift to get the shifts covered. Call the snack shack coordinator if you need assistance.



## SNACK SHACK ASSIGNMENT FORM FOR WEEKDAYS

Turn in this form 2 days prior to your first day of your first shift by 5 PM to the snack shack or email filled form to Nicole, our Snack Shack Coordinator, at [nicole@lhcll.com](mailto:nicole@lhcll.com) .

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Manager: \_\_\_\_\_ cell: \_\_\_\_\_

Designated Team Parent: \_\_\_\_\_ cell phone: \_\_\_\_\_

TEAM'S SNACK SHACK DUTY DATE(S): WEEKDAYS: \_\_\_\_\_ and \_\_\_\_\_

### General Shift Information:

-Weekday shifts consist of two shift times: 4:45 PM-7:15 PM or 7:15 PM-9:30 PM. (These are approximate times.)

-Please note: On some weeknights there are NO LATE GAMES. Before assigning shift times, check all AAA, Major, 50/70 \_\_\_\_\_ and Jr, game schedules to verify if there are late games requiring the snack shack to remain open.

-For Monday and Thursday shifts: only 2 parents are required to work the first shift.

-For Tuesday and Wednesday shifts: 3 parents are required to work the first shift.

-For all shifts: There must always be one adult working & present if buyout shifts are being worked by teens.

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### Workday One Date : \_\_\_\_\_

Worker 1 Time: 4:45 p.m.-7:15p.m name: \_\_\_\_\_ cell phone: \_\_\_\_\_

If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 2 Time: 4:45 p.m.-7:15 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_

If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 3 Time: 4:45 p.m.-7:15 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_

If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Only TWO PARENTS ARE REQUIRED FOR THIS LATE SHIFT: (Schedule parents for this shift only if there is a late game scheduled.)

Worker 1 Time: 7 p.m.-9:30 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_

If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 2 Time: 7 p.m.-9:30 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_

If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

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### Workday Two Date: \_\_\_\_\_

Worker 1 Time: 4:45 p.m.-7:15p.m name: \_\_\_\_\_ cell phone: \_\_\_\_\_

If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 2 Time: 4:45 p.m.-7:15 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_

If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 3 Time: 4:45 p.m.-7:15 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_

If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Only TWO PARENTS ARE REQUIRED FOR THIS LATE SHIFT: (Schedule parents for this shift only if there is a late game scheduled.)

Worker 1 Time: 7 p.m.-9:30 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_

If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 2 Time: 7 p.m.-9:30 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_

If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

**Designated team parent:** Is responsible for notifying parents of their date and times of snack shack duty well in advance of their scheduled duty. Must be at the snack shack at the beginning of each shift to ensure that workers are present to work, to take their place if they do not show and be present at the end of shifts to pay buyout workers.

**Buyouts:** When a parent pays to have their snack shack duty worked for them. The buyout cost is \$15 per hour and \$7.50 per half hour. Buy outs are paid directly to the worker after their shift & not before on the day the worker works. Designated team parents & managers are responsible for getting buyout shifts filled. An additional \$25 no show fee if charged when a worker does not show up & must be paid in cash to the designated team parent prior to the team's next played game.

## SNACK SHACK ASSIGNMENT FORM FOR SATURDAYS

Turn in this form 2 days prior to your first day of your first shift by 5 PM to the snack shack or email filled form to Nicole, our Snack Shack Coordinator, at [nicole@lhcll.com](mailto:nicole@lhcll.com).

**General Shift Information:** For all shifts: There must always be one adult working & present if buyout shifts are being worked by teens. **BBQ workers and their buyout replacements must be adults.**

**Saturday: First TEAM'S SNACK SHACK DUTY DATE:**

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Manager: \_\_\_\_\_ cell: \_\_\_\_\_  
Designated Team Parent: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 1 Time: 8:30 a.m.-11:00 a.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 2 Time: 9:30 a.m.-12:00 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

**BBQ Worker 1 (adult) Time: 10:00 a.m.-12:30 p.m.** name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

**BBQ Worker 2 (adult) Time: 12:30 p.m.-3 p.m.** name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 3 Time: 11:30 p.m.-2:30 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 4 Time: 12:00 p.m.-3:00 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

**Saturday: Second TEAM'S SNACK SHACK DUTY DATE:**

Division: \_\_\_\_\_ Team: \_\_\_\_\_ Manager: \_\_\_\_\_ cell: \_\_\_\_\_  
Designated Team Parent: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 1 Time: 2:00 p.m.-5:00 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 2 Time: 2:30 p.m.-5:30 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 3 Time: 2:30 p.m.-5:30 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 4 Time: 3:00 p.m.-6:00 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 5 Time: 3:00 p.m.-6:00 p.m. Worker must be an adult. They need to clean up the BBQ, clean picnic area & trash.  
name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

**\*Workers 6 & 7 must be adults. They must empty all trash cans at the school, all baseball fields, dugouts & parking lots.**

Worker 6 Time: 4:30 p.m.-6:00 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

Worker 7 Time: 4:30 p.m.-6:00 p.m. name: \_\_\_\_\_ cell phone: \_\_\_\_\_  
If applicable, buyout person is: \_\_\_\_\_ cell phone: \_\_\_\_\_

**Designated team parent:** Is responsible for notifying parents of their date and times of snack shack duty well in advance of their scheduled duty. Must be at the snack shack at the beginning of each shift to ensure that workers are present to work, to take their place if they do not show and be present at the end of shifts to pay buyout workers.

**Buyouts:** When a parent pays to have their snack shack duty worked for them. The buyout cost is \$15 per hour and \$7.50 per half hour. Buyouts are paid directly to the worker after their shift & not before on the day the worker works. Designated team parents & managers are responsible for getting buyout shifts filled. An additional \$25 no show fee is charged when a worker does not show up & must be paid in cash to the designated team parent prior to the team's next played game.



## Snack Shack Reminder Form

Please make multiple copies of this form, fill it out and provide a copy to each player's family to notify them of their snack shack duty.



Dear member of our write your division name & team name here,

Thank you for assisting our team by working the snack shack!

Our team is scheduled to work at the snack on the following dates: write in assigned dates and dates,

Parent's Name: \_\_\_\_\_ Player's Name: \_\_\_\_\_

Your date to work is on write in the shift date

from \_\_\_\_\_ to \_\_\_\_\_.

*\*If the above time is not suitable, please notify me, your designated team parent, immediately. Our league relies on the revenue designated from the snack shack. So, your participation is vital.*

**Cash Snack shack shifts:** Every parent is given a snack shack shift by their designated team parent. Shifts are typically 2-3 hours long or less. The designated team parent will be there at the snack shack to assist their team during their shift start and to ensure parents are present for their shift.

**BBQ for Saturday only shifts:** On Saturdays, a BBQ person is needed, that is an adult. No hired workers can be scheduled to do the BBQ.

**Unable to work your shift:** If an emergency arises and you are unable to work your shift, please notify your designated team parents ASAP via text or phone call so that you can pay the buyout fee, and a worker can be found to cover your shift. Make sure that the designated team parent responds to your text.

**Buyout cost:** If you cannot switch with another parent or work your snack shack shift it will cost \$15 per hour & \$7.50 per half hour to have your shift covered for you. This must be arranged in advance of your shift (when shifts are initially scheduled). This is a cash only fee. Your designated team parent will use the buyout to pay the worker that they find to cover your shift.

**No Show Fee:** There is a \$25 cash only additional fee if you do not show up for your scheduled shift.

**Payment of fees:** The above fees must be paid before your child plays in their next scheduled game.

*\*Workers should not be paid until their shifts are complete*

**For safety reasons, no small children are allowed in the snack shack at any time.**

**For safety reasons, no open toe shoes, sandals or flip flops can be worn in the snack shack.**

*Designated team parents must turn in their competed snack shack schedule 48 hours prior to their team's workday. If workers will be used to cover buyout shifts, then the worker's information (name & cell number) needs to be listed on the schedule.*

Thank you, your designated team parent, \_\_\_\_\_.

Please call me at \_\_\_\_\_ if you have any questions or concerns.



## The How-Tos of the LHCLL Snack Shack



Thank you! 😊 LHCLL appreciates you and your support when you help in our snack shack. Helping in the snack shack provides a special time for you to get to know other families, to work as a team to support our league and to take pride in the work you are doing to strengthen our baseball community.

### Important rules relating to California Health Permit Laws

1. Hands must be washed upon entering the snack shack.
2. Only closed toe shoes may be worn in the snack shack. No flip flop, open toes shoes or sandals
3. At no time may a worker eat or drink inside the snack shack as you may not put your hands to your mouth and then touch food. If a break is needed, the worker must leave the snack shack to eat or drink anything even if it is water.
4. Those handling payment may not touch unpackaged food items without washing their hands first.
5. There are no free food or drinks to any worker, their family, or their friends.

**Please arrive early to your shift** to ensure the snack shack opens on time.

**Snack Shack Set Up:** Most of the time the snack shack will be set up for you. However, there may be an instance when it is not. Please refer to the following information to assist you.

**Designated Team Parent:** The designated team parent will be at the snack shack to help their team.

**Cashless Snack Shack:** We do not accept cash. We will now be utilizing a square point of sale that enables guests to pay for items using various forms of payment including debit and credit.

**Snack Shack Cards:** Reloadable Snack Shack cards may be available this year. We are deciding on this still.

**How to operate snack shack machines** .....



**Coffee Machine:** Make two pots of coffee...one regular and one decaf.

1. Turn the coffee warmer switch on.
2. Place one coffee filter in the filter basket of the machine and pour one premeasured pack of coffee into the filter. Slide the filter back into the machine.
3. Place an empty coffee pot underneath to catch the brewed coffee. If there is no pot, coffee will spill.
4. Push the water button only once to start the machine.
5. The brewed coffee with drip right into the pot. Once done, move that pot of coffee to a warmer and begin to make the second pot of coffee.

**Hot Chocolate/French Vanilla Machine:** Use only Styrofoam cups with this, not soda fountain cups.

1. Always keep the hopper full of powder. If low on powder, a bag will be given to you to pour in.
2. When filling up cups, follow the instructions on the machine paying close attention to releasing the pour button early when the cup is 2/3 full as it takes time to stop and may overflow the cup.
3. Wipe the machine clean often and wash out the drip tray frequently so that it doesn't spill over.

**Hot Dog Machine:** For weekday shifts, begin with 12 hot dogs on the front rollers of the hot dog machine first.

On Saturdays, the machine should be kept full of hot dogs all day.

1. Use tongs to take a hot dog bun out of the warmer and place it into a hot dog paper tray.
2. Then place the hot dog onto the bun using tongs with rubber tips only not with metal tips.
3. Using the foil wraps, wrap the paper tray with the hot dog and the hot dog bun in foil to keep it warm.

Additional costs for a hot dog include prepackaged cheese in a cup & chili.

All other condiments are included in the price...ketchup, mustard relish & onions.

## The How-Tos of the LHCLL Snack Shack continued

**Hot Dog Machine Continued:** Warning: The grill and bun warmer are hot so use with caution.

For clean-up: The hot dog grill and bun warmer will need to be cleaned each night. All unsold hot dogs and buns can be placed in Ziploc baggies and into the refrigerator for the following day.



**Slush Puppie Machine:** This machine must be treated gently as it is costly to repair.

1. Always keep the machine full to the top-level line on the with the premixed base.  
The premixed base is plastic jugs in the smaller refrigerator behind the Slush Puppie machine.  
Ask a board member to mix it and pour it for you.
2. **Never** pour the concentrate that is not mixed into the machine as it will freeze and break the machine.
3. The amount of premixed base that is in the machine can be checked by using the line that is marked on the machine as a guide. To fill the machine, slide the lid over and pour the premix into the top of the machine up to the line visible on the Slush Puppie drum. Be careful to not overfill the machine causing the mix to spill out of the top.
4. If slush puppies come out watery and not frozen, the machine must not be used for 40 mins.

**Serving Slush Puppies with new flavors:** This season we have multiple Slush Puppie flavors for sale. Each flavor will indicate how many pumps of a flavor need to be added to the Slush Puppie cup. First add the correct number of pumps of a flavor to the cup and then add then fill the Slush Puppie with the machine and the flavor will get mixed.

**Chili Machine:** Do not unplug this machine.

To clean it: Simply wipe it clean and look underneath the spout to remove any residual chili that may be collecting there.

To refill chili: When the chili bag is empty, the chili bag needs to be replaced according to the directions listed below. There are also directions list on the machine.

1. Remove the front cover.
2. Slide out the used and empty bag, and twist off the spout.
3. Get a new bag of chili, twist off the white tab and place the spout on the bag by twisting it on.
4. Place the new bag into the machine & place the spout into the wedged area snapping it into place.
5. Take another full bag of chili and place it on top inside the top tray to keep it warm.
6. Snap back the front cover in place to close it. It is ready to be used.

**Cheese Machine:** The cheese machine warms up cups of cheese. This warmer must stay full at all times and must be always plugged in. It holds 38 cups of cheese.

1. Turn on the machine by pressing the green button on the back of the machine that turns the machine on and off. It takes approximately 15 minutes to warm up.
2. Keep placing cups of cheese in the warmer rotating stock back to front and bottom to top.
3. Keep the machine full of cheese cups.
4. Turn off the machine at the end of the night.

**Soda Fountain Machine:** At the end of each night, the machine needs to be wiped clean from the front of the machine to the cup holder area. The soda spouts need to be wiped clean also. Refill the ice portion of the machine to the top with the ice scoop and close the lid.

**Microwave Machine:** The microwave machine must be cleaned periodically throughout the shift.

## LHCLL Snack Shack Closing Shift Procedures



1. If the BBQ grill is used on Sat., clean food residue off the grill with the wire brush & completely wipe it.
2. **Clean:** Wipe counters clean with warm water and cleaning soap.
3. **Clean drink machines:**
  - Empty the coffee filter and empty and wash out the coffee pots with hot soapy water.
  - Thoroughly wipe clean the soda fountain and pour warm water down the drip tray.
  - Thoroughly wipe clean the hot chocolate machine, making sure to empty and clean the drip tray.
  - Thoroughly wipe clean the slush puppy machine to the top.
4. **Refill the Slush Puppie machine to the top line indicator with the slush puppy mix.**
5. **Hot dog machine and hot dog bun warmer:** Do not unplug the hot dog machine. Turn off the switches and wait a while for it to cool before cleaning the grill and warmer. Then turn the rollers back on to be able to thoroughly wipe the rollers clean.
6. **Empty the trash cans:** After cans are emptied in the snack shack, place new trash bags in the trash cans. If the bottom of any trash can is dirty, it must be scrubbed clean.
7. **Sweep the floor and on Saturdays, sweep and mop the floor.**  
The floor must be mopped with hot water and Pine Sol.

**Sink:** Make sure nothing is left in the sink overnight soaking. Wash the sink with cleaner and place all wet towels that need to be washed in the container that says, “dirty towels”.

**Restock:** Restock all water and drinks in the Pepsi refrigerator. Restock all items on the shelves such as candy, chips, and cookies. Refill all paper and plastic goods such as cups, lids, straws, trays, and napkins.

**Signage and Menus:** Bring in all outside sign & menus.

Make sure the outside eating area tables and ground including shelving outside the snack shack is clean from debris, boxes, and any trash. Turn off the light and the person in charge will lock the door.

**Safety:** It is a must that you have someone else with you to walk with you to your vehicles. It gets very dark once the lights go out on the fields and your safety is a priority.

**Lock up:** Double check to make sure all parking lot gates, gates to the fields, score sheds, equipment sheds, and batting cages are locked BEGORE the lights turn off.

**Emergency:** Call 911

**Questions or concerns:** Contact Snack Shack Coordinator: Nicole Hiromoto at [nicole@lhcll.com](mailto:nicole@lhcll.com) or Co-Coordinators Amanda at [amanda@lhcll.com](mailto:amanda@lhcll.com) or Jessica at [jessica@lhcll.com](mailto:jessica@lhcll.com) or Angela at [angela@lhcll.com](mailto:angela@lhcll.com)



**Our Snack Shack is 100% cashless.**

**AT LA HABRA CITY LITTLE LEAGUE,**

**We accept all major credit cards, debit cards,  
Apple Pay, Google Pay & other NFC payments.**

