



**Pop Warner Little Scholars, Inc.**  
 586 Middletown Blvd. Suite C-100 ▪ Langhorne ▪ PA ▪ 19047  
 Phone: 215-752-2691 ▪ Fax: 215-752-2879  
[www.popwarner.com](http://www.popwarner.com)



**LEAGUE SPIRIT INFORMATION SHEET**

Return to PWLS, Inc. by August 31, 2008

<b>Name of League:</b>	
------------------------	--

**2008 League Competition:**

<b>Does your league run a spirit competition?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>Specify date of competition:</b>	
<b>Specify site of competition:</b>	
<b>Address of competition site:</b>	
<b>Specify cheerleading divisions competing:</b>	
<input type="checkbox"/> Jr. Peewee <input type="checkbox"/> Peewee <input type="checkbox"/> Jr. Midget <input type="checkbox"/> Midget <input type="checkbox"/> Jr Bantam <input type="checkbox"/> Bantam	
<b>Specify dance divisions competing:</b>	
<input type="checkbox"/> Jr. Peewee <input type="checkbox"/> Peewee <input type="checkbox"/> Jr. Midget <input type="checkbox"/> Midget <input type="checkbox"/> Jr Bantam <input type="checkbox"/> Bantam	
<b>May we release the completed information above on your League Competition?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no

**Advancing League Squads:**

<b>If the league complies with eligibility requirements, are the squads permitted to participate in your Regional Competition, and the National Competition in Walt Disney World, Florida?</b>
<b>Cheer:</b> <input type="checkbox"/> yes <input type="checkbox"/> no <b>Dance:</b> <input type="checkbox"/> yes <input type="checkbox"/> no

**2008 Camp Information:**

<b>Where did your squad(s) attend summer camp/clinic?</b>	
<b>Please list the camp/clinic provider:</b>	
<b>Did the camp offer an advisor's course or certification program?</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
<b>If yes, were you satisfied with the quality of instruction and course content?</b>	
<b>How many coaches participated in the course? Please give details.</b>	

**2008 Spirit Coordinator:**

<b>Name of League Spirit Coordinator:</b>	
<b>Mailing Address:</b>	
<b>Daytime Phone:</b>	<b>Evening Phone:</b>
<b>Email Address: (Must be completed with a contact number)</b>	
<b>Fax Number:</b>	

**Note: Please complete and email form to: [spirit@popwarner.com](mailto:spirit@popwarner.com) or mail to: PWLS, Inc. • 586 Middletown Blvd., Suite C-100 • Langhorne, PA 19047**