



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



LEAGUE SPIRIT INFORMATION SHEET

Return to PWLS, Inc. by August 31, 2009

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|------------------------|--|
| Name of League: | |
|------------------------|--|

2009 League Competition:

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

Advancing League Squads:

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| 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? |
| Cheer: <input type="checkbox"/> yes <input type="checkbox"/> no Dance: <input type="checkbox"/> yes <input type="checkbox"/> no |

2009 Camp Information:

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

2009 Spirit Coordinator:

| | |
|---|-----------------------|
| Name of League Spirit Coordinator: | |
| Mailing Address: | |
| Daytime Phone: | Evening Phone: |
| Email Address: (Must be completed with a contact number) | |
| Fax Number: | |

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