

League/Conference Name: _____

Association Listing:

If you are a League with sub-member associations, fill in the boxes below. For each association, enter the number of teams and cheer squads by division of play. If you need more space (ie., have more than 6 associations), copy this blank page, complete and attach the additional page(s).

ASSN: _____

Football	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Cheer	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Dance	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Football	B	_____	U	_____										
Cheer	B	_____	U	_____										
Dance	B	_____	U	_____										

ASSN: _____

Football	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Cheer	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Dance	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Football	B	_____	U	_____										
Cheer	B	_____	U	_____										
Dance	B	_____	U	_____										

ASSN: _____

Football	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Cheer	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Dance	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Football	B	_____	U	_____										
Cheer	B	_____	U	_____										
Dance	B	_____	U	_____										

ASSN: _____

Football	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Cheer	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Dance	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Football	B	_____	U	_____										
Cheer	B	_____	U	_____										
Dance	B	_____	U	_____										

ASSN: _____

Football	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Cheer	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Dance	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Football	B	_____	U	_____										
Cheer	B	_____	U	_____										
Dance	B	_____	U	_____										

ASSN: _____

Football	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Cheer	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Dance	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____
Football	B	_____	U	_____										
Cheer	B	_____	U	_____										
Dance	B	_____	U	_____										

The information provided above will be used for team count, registration, insurance and roster verification.

Subtotals from this page:

Football	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____	B	_____	U	_____
Cheer	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____	B	_____	U	_____
Dance	TM	_____	MM	_____	JP	_____	PW	_____	JM	_____	M	_____	JB	_____	B	_____	U	_____

—

then





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



**POP WARNER FLAG FOOTBALL AND SPIRIT
 2009 REGISTRATION FORM**

This registration form must be received at Pop Warner Little Scholars (PWLS) on or before September 18, 2009. If a League takes Pop Warner Insurance, this form must be received at the same time, or prior to, receipt of the insurance application.

League/Conf. Name: _____

All divisions will use August 1st Cut off date

Please enter # of flag teams per division on left and # of flag spirit squads on right:

Flag Teams		Spirit Teams
_____	CUB	_____
_____	BOBCAT	_____
_____	WILDCAT	_____
_____	CHALLENGER	_____
0		0
Total		Total

COMPUTE YOUR REGISTRATION FEE:

0	Flag Teams X \$15.00	=	\$0.00	amount due.	<i>Make Check payable to: PWLS</i>
0	Spirit Teams X \$15.00	=	\$0.00	amount due.	<i>Make Check payable to: PWLS</i>

Please note: There will be a \$25.00 fee for returned checks and a \$5.00 penalty **per team** for Registration received after **October 1, 2009**.

Refunds may be given for teams registered , but never certified. All refund requests must be in writing on your official stationary, and must be received at PWLS on or before **October 1, 2009**.

INSURANCE INFORMATION

If you are taking Pop Warner Insurance... and the number of teams on your insurance application differs from the number of teams above, please attach an explanation to your application form.

If you are not taking Pop Warner Insurance, please complete the following:

- Name of Medical Insurance Company: _____
- Name of Liability Insurance Company: _____
- You must provide proof of insurance for both of these carriers. Acceptable proof for medical is a copy of the actual policy: for liability, a certificate of insurance. Copies of insurance applications are **NOT** acceptable proof.

OFFICIAL SIGNATURE REQUIRED

As a duly authorized official of the organization, I affirm all information provided herein and attached is true and correct to the best of my ability and belief. I pledge our compliance with all Pop Warner Tackle and Spirit Rules and appropriate provisions of the Pop Warner By-Laws.

Signed: _____ Date: _____
 Printed Name: _____ Title: _____
 Phone Number: _____ Email: _____

Mail form and check to Pop Warner Little Scholars – 586 Middletown Blvd. – Suite C-100 – Langhorne, PA 19047
 (1/09)