



Category Declaration

INSTRUCTIONS: The Association Cheer & Dance Coordinator must complete this form electronically, print form, sign where indicated, and send to League Cheer & Dance Coordinator by their appropriate dates. Once League has obtained all signatures, form must be sent to the Regional Cheer & Dance Coordinator. Please refer to the current Pop Warner Rule Book for Declaration requirements.

League Name:	Association Name:	ACDC Name:	Date:
Team Name:	ACDC E-Mail:	Association Signature	

Please check boxes applicable to each of your teams. For Cheer Teams, select Primary Level and Size. For Dance, Select Pom, Theme or Hip Hop. If participating in a Second Routine, check second routine AND indicate declaration for second routine, i.e., (Pom, Theme, Sideline Performance Cheer, etc.) in space provided that the team will be performing in second routine.

Division	Declaration	OFFICIAL USE ONLY Approval/Denial Assoc Spirit Administrator	OFFICIAL USE ONLY Approval/Denial League Commissioner/Pres	OFFICIAL USE ONLY Approval/Denial Region Cheer & Dance Dir.
Tiny Mite	Primary Category/Level: <input type="text"/> Size: <input type="text"/>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	No Secondary Routine Allowed			
Mitey Mite	Primary Category/Level: <input type="text"/> Size: <input type="text"/>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Second Routine: <input type="text"/>			
Jr. Pee Wee	Primary Category/Level: <input type="text"/> Size: <input type="text"/>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Second Routine: <input type="text"/>			
Pee Wee	Primary Category/Level: <input type="text"/> Size: <input type="text"/>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Second Routine: <input type="text"/>			
Jr. Varsity	Primary Category/Level: <input type="text"/> Size: <input type="text"/>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Second Routine: <input type="text"/>			
Varsity	Primary Category/Level: <input type="text"/> Size: <input type="text"/>	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied	<input type="checkbox"/> Approved <input type="checkbox"/> Denied
	Second Routine: <input type="text"/>			

Signature of League Cheer & Dance Director:		Date:	
Signature & Date of Region Cheer & Dance Director:		Date:	



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League Name:	<input type="text"/>	Association Name:	<input type="text"/>	ACDC Name:	<input type="text"/>	Date:	<input type="text"/>	
Team Name:	<input type="text"/>	ACDC E-Mail:	<input type="text"/>	Association Signature				<input type="text"/>

Please check boxes applicable to each of your teams. For Cheer Teams, select Primary Level and Size. For Dance, Select Pom, Theme or Hip Hop. If participating in a Second Routine, check second routine AND indicate declaration for second routine, i.e., (Pom, Theme, Sideline Performance Cheer, etc.) in space provided that the team will be performing in second routine.

Bantam	Primary Category/Level:	<input type="text"/>	Size:	<input type="text"/>	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved
	Second Routine:	<input type="text"/>			<input type="checkbox"/> Denied	<input type="checkbox"/> Denied	<input type="checkbox"/> Denied

Signature of League Cheer & Dance Director:	<input type="text"/>	Date:	<input type="text"/>
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Signature & Date of Region Cheer & Dance Director:	<input type="text"/>	Date:	<input type="text"/>
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