

2013 STATE LEVEL QUALIFIERS

LEAGUE: _____ CENTER: _____ ASSOC: _____

COACH: _____ **TELE NO:** _____ **EMAIL:** _____

ADDRESS: _____

Confirmation of entries, squad times will be by email if email address is given. If preference is by regular mail check here

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[illegible]

RETURN THIS FORM WITH FEES & AVERAGE SHEETS BY MARCH 20, 2013.

MAKE CHECKS PAYABLE TO: VIRGINIA STATE YBC.

(PLEASE SEND A LEAGUE CHECK, CASHIERS CHECK, CERTIFIED CHECK OR MONEY ORDER)

PLEASE INDICATE DESIRED SQUAD TIMES, IF POSSIBLE.

RETURN TO: KEN SPRIGINGS, 2751 DIPLOMAT DR, ROANOKE, VA 24019

SEE BACK FOR ADDITIONAL SPACES FOR ENTRIES.

2013 STATE LEVEL QUALIFIERS

LEAGUE: _____

CENTER: _____

ASSOC: _____

U6 = Birthdate 8/1/2006 or later

U8 = Birthdate 8/1/04 - 7/31/06

U12 = Birthdate 8/1/00 - 7/31/01

U15 = Birthdate 8/1/97 - 7/31/00

U20 = Birthdate 8/1/92 - 7/31/97

[illegible]

RETURN TO: KEN SPRIGINGS, 2751 DIPLOMAT DR, ROANOKE, VA 24019