

2016 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 10, 2015.

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.

**IF LEAGUE STANDINGS ARE ONLINE,
A LINK TO STANDINGS IS ACCEPTABLE.**

RETURN TO: KEN SPRIGINGS, 1518 OLDE COURSE LANE, SALEM, VA 24153

SEE BACK FOR ADDITIONAL SPACES FOR ENTRIES.

2016 STATE LEVEL QUALIFIERS

LEAGUE: _____

CENTER: _____

ASSOC: _____

U8 = Birthdate 8/1/2007 or later

U15 = Birthdate 8/1/00 - 7/31/03

U10 = Birthdate 8/1/05 - 7/31/07

U20 = Birthdate 8/1/95 - 7/31/00

U12 = Birthdate 8/1/03 - 7/31/05

DIVISION							Opt HDCP		AVERAGE	BIRTH DATE	SQUAD
check correct boxes							EVENT		1 Feb 2016	mm/dd/yyyy	DATE/TIME
U8	U10	U12	U15	U20		BOY	GIRL		NAME		

RETURN TO: KEN SPRIGINGS, 1518 OLDE COURSE LANE, SALEM, VA 24153