

2014-2015 District 3 M&T Bank
Competitive Spirit Championship
Entry Form

School Name: _____

Level of Competition (small - 5 to 15; medium – 16 to 20; large – 21 and up;
co-ed – 5 and up): _____

Coaches Name and Contact Number(s): _____

Cell: _____ Work: _____ Email: _____

A.D.'s Name and Contact Number(s): _____

Cell: _____ Work: _____ Email: _____

If you advance to the state competition do you plan to attend? (please check) Yes _____ No _____

If you have any males on the roster your team would be competing in the Co-Ed division.

Please include a roster of your team.

Entry forms, rosters, and checks need to be returned by noon on Nov. 25, 2014

Address: 405 E. Sunbury St. Millerstown PA, 17062

E-mail address: asheaffer@greenwoods.org

Fax Number: 717-589-0805

Thank you

Adam Sheaffer

