



PIAA COMPETITIVE SPIRIT CHAMPIONSHIP

Registration Form

Please complete the registration form and return to Melissa Mertz at the PIAA office along with the registration fee of \$100 by no later than Friday, January 17, 2014. Checks shall be made payable to PIAA. If paying by credit card, please provide the credit card information below or contact Laura Lex at the PIAA office at 717-697-0374 x. 120. No squad will be permitted to compete until they have satisfied their registration.

School: _____ PIAA District _____

Division: _____ (Small up to 15, Medium 16-20, Large 21 and up, or Coed at least one male).

Head coach: _____

Head coach email: _____ Head coach cell#: _____

Athletic Director: _____ Athletic Director cell#: _____

Credit Card Type (Visa, MasterCard, Discover): _____

Name on card: _____ Exp. Date: _____

Card #: _____ Security Code: _____

Billing address for card: _____

The charge receipt should be emailed to: _____

Individual submitting registration (Name-please print): _____

Signature: _____ Date: _____

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