



**Pop Warner Little Scholars, Inc.**  
 586 Middletown Blvd., Suite C-100 \* Langhorne \* PA \* 19047  
 Phone: 215-752-2691 X121 \* Fax: 215-752-2879

[www.popwarner.com](http://www.popwarner.com)

**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: <input style="width:90%;" type="text"/>	Association Name: <input style="width:90%;" type="text"/>	ACDC Name: <input style="width:90%;" type="text"/>	Date: <input style="width:90%;" type="text"/>
Team Name: <input style="width:90%;" type="text"/>	ACDC E-Mail: <input style="width:90%;" type="text"/>	Association Signature <input style="width:90%;" 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.

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 style="width:80%;" type="text"/> Size: <input style="width:20%;" 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 style="width:80%;" type="text"/> Size: <input style="width:20%;" 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 style="width:90%;" type="text"/>			
Jr. Pee Wee	Primary Category/Level: <input style="width:80%;" type="text"/> Size: <input style="width:20%;" 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 style="width:90%;" type="text"/>			
Pee Wee	Primary Category/Level: <input style="width:80%;" type="text"/> Size: <input style="width:20%;" 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 style="width:90%;" type="text"/>			
Jr. Varsity	Primary Category/Level: <input style="width:80%;" type="text"/> Size: <input style="width:20%;" 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 style="width:90%;" type="text"/>			
Varsity	Primary Category/Level: <input style="width:80%;" type="text"/> Size: <input style="width:20%;" 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 style="width:90%;" type="text"/>			

Signature of League Cheer & Dance Director: <input style="width:90%;" type="text"/>	Date: <input style="width:90%;" type="text"/>
Signature & Date of Region Cheer & Dance Director: <input style="width:90%;" type="text"/>	Date: <input style="width:90%;" type="text"/>



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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.

<b>Bantam</b>	Primary Category/Level:		Size:		<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:						

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