

SPAL Information Sheet 2009-2010

School Name: _____

Principal: _____

School Address: _____ Zip: _____

Athletic Director: _____

A.D. Address: _____ Zip: _____

Phone Numbers School: _____

A.D. Home: _____ A.D. Cell: _____

School Fax: _____ Preferred Fax: _____

A.D. preferred E-mail Address: _____

Projected Enrollment 6th - 8th grade on first day of school: _____

Check below the sports in which your school plans to participate. If you will have more than one team in that sport, please put the number of teams you will have instead of a check.

_____ 5/6 football	_____ 5/6 softball	_____ 7 th boys basketball
_____ 7/8 football	_____ 7/8 softball	_____ 7 th girls basketball
_____ Volleyball	_____ 5/6 boys basketball	_____ 8 th boys basketball
_____ Boys soccer	_____ 5/6 girls basketball	_____ 8 th girls basketball
_____ Girls soccer	_____ 5/6 track	_____ 7/8 track
_____ Cheerleading (football)	_____ Cheerleading (basketball)	

The above information is accurate as indicated.

Athletic Director: _____

Date: _____