



Meridian Public Schools

The Hoof Print - Home of the Mustangs

Mission Statement:

Meridian Public Schools will educate all students in a safe, nurturing environment while challenging them to develop their integrity, knowledge, and unique talents to become responsible, productive citizens.

Newsletter

www.meridianmustangs.org

June, 2024

Newsletter - June, 2024
Superintendent
Randy Kort

It is with great pride I have seen the 10th graduating class from Meridian since I was hired here. It is such a great experience to see the success these students have earned over the past decade and what fine young men and women have walked these halls.

State track was held on May 17 and 18, with Kolten Kumpf finishing 4th in the shot put. The other participants were High Jump: Colby Smith; 4x800: McKenzie Hofstetter, Maria Dimas, Kendall Filipi, and Evelyn Woitalewicz; Pole Vault: McKenzie Hofstetter; 100 Hurdles: Tyleigh Gooding; 300 Hurdles: Kendall Filipi; 4x100: McKenzie Hofstetter, Saega Barnell, Braxtyn Rut, and Tyleigh Gooding. What a great representation from our students!

Please continue to support our students during the summer as baseball and softball season has begun and will continue through June and early July.

If you have not enrolled your student in summer school and are wanting to, please contact the school asap.

Summer School Dates:

June 4, 5, 11, 12, 18, 19, 25, 26
July 2, 9, 16

PUBLIC NOTICE:

On June 3, 2024, at 11:30 a.m., a meeting conducted by Meridian Public School will take place in Room 113 at Meridian Public School. The purpose of the meeting will be to provide an opportunity for parents and representatives of nonpublic schools to participate in the development of a plan for providing special education services to children with disabilities who attend nonpublic schools and home-schools which are within the Meridian Public School district for the 2024-2025 school year. Parents of a homeschooled child or

a child attending a nonpublic school that has been, or may be, identified with a disability and attend a nonpublic school within the boundaries of Meridian Public School, are urged to attend. If you have further questions pertaining to this meeting, please contact Randy Kort at 402-446- 7265.

**Board of Education
Meridian Public Schools
District - 48-0303
Daykin, Nebraska, 68338
Monday, May 13, 2024**

Regular April 8, 2024 Meeting

Meridian Public School Board of Education met on May 13, 2024, as per notice in the Fairbury Journal-News.

President Bartels called the meeting to order at 7:00 p.m. The open meeting law information was presented.

Roll call was taken: Niederklein - present, Sobotka - present, Rut - present, Davis - present, and Bartels - present. Also present were Superintendent Kort, Principal Drees, and Principal Hull.

Nothing new was added to the agenda.

Niederklein moved and Rut seconded to excuse Barton from the meeting. Vote taken: Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. Motion passed 5-0.

No comments were heard from the public.

Sobotka moved and Davis seconded to approve the consent agenda as presented.

- A. Minutes of the Monday, April 8, 2024, 2024 Regular Meeting
- B. District Financial Report
- C. Activity Fund Report
- D. Hot Lunch Fund Report
- E. Bills

Vote taken: Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. Motion passed 5-0.

Principal Drees and Principal Hull presented the Curriculum Report to the Board.

Superintendent Kort recognized the State Track qualifiers. The boys who qualified were Kolton Kumpf and Colby Smith. The girls were Kendall Filipi, Braxton Rut, Saega Barnell, Tyleiah Gooding, Evelyn Woitalewicz, McKenzie Hofstetter, and Maria Dimas. Taelyn Filipi and Avery Harrington served as alternates.

Superintendent Kort presented the new Crossroads Conference volleyball and basketball brackets which now include Twin Rivers Public Schools.

Superintendent Kort informed the Board that the milk bid from Highland Dairy has increased from 37 cents per carton of white milk to 39 cents per carton. Davis moved and Rut seconded to approve the bid from Highland Dairy for the 2024-2025 school year. Vote taken: Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. Motion passed 5-0.

Sobotka moved and Niederklein seconded to approve a 4% wage increase for the non-certified staff. Vote taken: Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. Motion passed 5-0.

Principal Drees and Principal Hull presented the Principals' Reports to the Board.

Superintendent Kort presented the Superintendent's Report to the Board.

The next regular meeting was set for Monday, June 17, 2024, at 6:00 p.m.

Davis moved and Niederklein seconded to adjourn at 7:30 p.m. Vote taken: Niederklein - aye, Sobotka - aye, Rut - aye, Davis - aye, and Bartels - aye. Motion passed 5-0.

Jamie Niederklein,

Secretary Meridian District #48-0303



"The Dish" with Drees

School's out for summer!! Well, almost. Teachers have been busy cleaning their classrooms to prepare for summer cleaning. The summer crew has already started projects to get the school into great shape for next year, and we're getting ready for some students to return for summer school. The school may be quieter, but there's always planning and prep work to do for students and staff to return in the fall.

We had a great school year, and it's been nice to take some time at the end to reflect on all the wonderful things about Meridian. I can't thank the students, staff, administration, and community members enough for all your support. You are all what makes Meridian such a great place. I am thankful to have been a part of Meridian for the last six years, and even though I won't be teaching next year, I will still continue to cheer everyone on from the sidelines. I hope everyone has a relaxing and fun-filled summer. I'll see you at ball games!

PRINCIPALLY SPEAKING WITH MR. HULL

I want to begin by congratulating our state track qualifiers: McKenzie Hofstetter, Kendall Filipi, Maria Dimas, Evelyn Woitalewicz, Saegge Barnell, Braztyn Rutt, Tyleigha Gooding, Kolton Kumpf, and Colby Smith! I would also like to take this opportunity to congratulate the Class of 2024! We had a beautiful day for graduation, and it was a wonderful event.

This summer our students will be hard at work in the weight room and at camps. We are excited for these opportunities for our athletes, and we are grateful for the work of our coaches to help our athletes improve. Mr. Hofstetter and his summer staff will be hard at work as well cleaning, repairing, and preparing the buildings and grounds for next year.

This summer we have a number of staff participating in professional development opportunities and conferences as well as taking classes. As an administrative staff,

we will also be participating in summer professional development and taking time to review, update, or further develop the ways we help and support students and staff.

I want to congratulate Mrs. Lori Pohlmann on her retirement from her para position. I also want to thank Mrs. Maureen Halama for her time at Meridian as vocal music teacher as she is taking a teaching position in another district. Finally, I want to thank Miss Leslie Drees for her efforts here both as band director and principal. I greatly appreciate her help and collegiality as I came into the principal role this past year. I wish them all the best of luck in their next steps.

COUNSELOR'S CONNECTION
by
Lisa Hermsmeier

At the graduation ceremony held on May 11th, I announced the local scholarship winners. I would like to thank all of the donors of these scholarships for so generously contributing to the post-secondary education of our students. New scholarships are always welcome so please contact the counseling office if you are interested in providing a scholarship for future classes. This is the list of the local scholarship winners for the Class of 2024.

- Meridian Partners in Education Scholarship:**
Mario Escobar, Kaira Niederklein, Kymber Schwisow, Jaala Stewart, Evelyn Woitalewicz
- Meridian Foundation Scholarship:**
Ashauna Davis, Kaira Niederklein, Kymber Schwisow, Jaala Stewart, Evelyn Woitalewicz
- Meridian Education Association Scholarship:**
Peyton Hinrichs
- Meridian Alumni Scholarship:**
Kaira Niederklein
- LaVerne & Florence Schweer Memorial Scholarship:**
Kaira Niederklein
- The Achiever Scholarship (Gary Johnson Family):**
Kaira Niederklein
- Western Community Club**
Kymber Schwisow
Evelyn Woitalewicz
- Crossroads Conference Scholarship:**
Evelyn Woitalewicz

- The Resilience Scholarship:**
Ashauna Davis
- MUDECAS Scholarship (David Endorf Sportsmanship Award):**
Kymber Schwisow
- Peyton VanWesten Memorial Scholarship**
Kymber Schwisow and (Alternate)
Kaira Niederklein
- Class of 2020 Scholarship in Memory of Peyton VanWesten**
Evelyn Woitalewicz
Kymber Schwisow
- The Kathy Houser "Pay It Forward" Scholarship**
The Class of 2024
Beau Buresh
Ashauna Davis
Ana Dimas
Mario Escobar
Tyleiah Gooding
Peyton Hinrichs
Jackson Huls
Kolton Kumpf
Kaira Niederklein
Jaala Stewart
Evelyn Woitalewicz
Kymber Schwisow

Odds & Ends: Final report cards have been mailed (if you haven't received one, contact the school). Students in grades 9-11 put in their request for classes for next year. Your student received this on the last day of school. We will also send home their schedule this summer with information for the 2024-2025 school year. After schedules are mailed, changes to your child's 2024-2025 class schedule can be made in August during the Drop/Add day. Keep an eye on the August calendar for this and other important beginning of school dates.

2024-2025 PHYSICALS
Jefferson Community Health and Life Fairbury Clinic will be offering sports physicals to students of any grade by appointment. For more information, please see the flier at the back of this newsletter. All student athletes, Kindergarteners, 7th Graders, foreign exchange students, and students who move to our district from out of state are required to have Nebraska physicals, and State school immunization requirements must be met. In addition to a physical, Kindergarten, foreign exchange students, and students who move to our district from out of state will need an eye exam. Kindergarten and 7th Grade



students will need a urine sample, so please pick up a sterile cup from the clinic ahead of time. Physicals must be completed before August 1, 2024. **Students must bring all forms with their name and date of birth on each as indicated - including the medical history form. These forms also require a signature by a parent or guardian. If a student comes to their appointment without completed forms, they will need to reschedule their physical.**

Physical forms can be found at the back of this newsletter, at the District Office of Meridian Public Schools, or on the NSAA website (nsaa.home). **Please fill out all of the attached forms. You need to include a signed NSAA Parent and Student Consent form when you turn your physicals in to the school. Student athletes are NOT allowed to play without a completed NSAA consent form on file at the school.**

Mark Your Calendars!

Western Community Club would like to announce the annual Old Settlers Picnic will be held the third weekend of July (July 19-21) featuring fun for the whole family with events such as cornhole, sand volleyball, car/tractor shows, kid games, lots of delicious food and live entertainment including Polka and The String Beans. For more details, follow along on the Western, NE, the village not the general area, Facebook page.



GRADES 7-12

BEGINS: MAY 28 (GIRLS)/MAY 29 (BOYS)

GIRLS: MON, TUES, THUR

BOYS: MON, WED, FRI

TIME: 6:30 AM-7:30 AM



7th-12th Grade Volleyball Skills Camp June 3rd, 2024



9:30 a.m. - 3:00 p.m.
With One Hour Lunch Break



Cost of the camp is \$30.00 per athlete.
Make checks payable to "Highland Community College"
**Please fill out the bottom of this page and
bring it with you to the camp.**

The camp is designed to focus on basic volleyball fundamentals, techniques of each skill, team-building activities, components of strong work ethic and enjoying competition with teammates!

Remember to bring a water bottle!

Student Name: _____ **Grade (Fall '24):** _____

I give permission for my daughter to participate in Summer Skills Camp. I know of no condition that would prevent my daughter from participating in the activities. I waive and release any and all rights and claims for damages I may have against Meridian Public Schools, Highland Community College or any of their representatives for any damages that may be sustained or suffered during the camp. I realize insurance is not provided by Meridian Public Schools and therefore I assume all risk of injury.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date: _____ **Emergency Contact Phone #:** _____



SPORTS & SCHOOL PHYSICALS

Evening Physical Appointment Times Available

June 12, June 27, July 16, 4:40 p.m. To 7 p.m.

(in addition to regular clinic hours)

SCHOOL PHYSICALS-Required for incoming Kindergarten and 7th Grade students

SPORTS PHYSICALS-Required for students participating in sports

- *We recommend making appointments early.
- *Appointments available at JCH&L Fairbury Clinic.
- *There is a charge for all school and sports physicals. Many insurance policies cover well child check ups once per year. Please let the scheduler know if your child has not had their yearly well child check and their sport's physical or school physical should be their well child check up. This will be submitted to your insurance as a wellness exam. If you have questions about charges or insurance, please call for more information.
- *A parent or guardian should accompany any child who is 18 or under.
- *Forms must be filled out prior to the appointment.
- *Forms are available at the clinic, your school or on our website at: <https://www.jchealthandlife.org/locations/fairbury-clinic/> and scroll down to forms. NSAA sports physical form and Fairbury Public Schools school physical form are in the "Forms" section near the bottom of the page.



PREPARTICIPATION PHYSICAL EVALUATION

HISTORY FORM

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: _____ Date of birth: _____

Date of examination: _____ Sport(s): _____

Sex assigned at birth (F, M, or intersex): _____ How do you identify your gender? (F, M, or other): _____

List past and current medical conditions.
Have you ever had surgery? If yes, list all past surgical procedures.
Medicines and supplements: List all current prescriptions, over-the-counter medicines, and supplements (herbal and nutritional).
Do you have any allergies? If yes, please list all your allergies (ie, medicines, pollens, food, stinging insects).

Patient Health Questionnaire Version 4 (PHQ-4)
Over the last 2 weeks, how often have you been bothered by any of the following problems? (Circle response.)
Table with 5 columns: Problem, Not at all, Several days, Over half the days, Nearly every day.

GENERAL QUESTIONS
(Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)
HEART HEALTH QUESTIONS ABOUT YOU
Table with 3 columns: Question, Yes, No.

HEART HEALTH QUESTIONS ABOUT YOU (CONTINUED)
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY
Table with 3 columns: Question, Yes, No.



■ PREPARTICIPATION PHYSICAL EVALUATION
ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

Table with 16 rows of questions and 2 columns (Yes/No). Questions include: 1. Type of disability, 2. Date of disability, 3. Classification, 4. Cause of disability, 5. List the sports you are playing, 6-16. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities? Do you use any special brace or assistive device for sports? Do you have any rashes, pressure sores, or other skin problems? Do you have a hearing loss? Do you use a hearing aid? Do you have a visual impairment? Do you use any special devices for bowel or bladder function? Do you have burning or discomfort when urinating? Have you had autonomic dysreflexia? Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness? Do you have muscle spasticity? Do you have frequent seizures that cannot be controlled by medication?

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

Table with 17 rows of conditions and 2 columns (Yes/No). Conditions include: Atlantoaxial instability, Radiographic (x-ray) evaluation for atlantoaxial instability, Dislocated joints (more than one), Easy bleeding, Enlarged spleen, Hepatitis, Osteopenia or osteoporosis, Difficulty controlling bowel, Difficulty controlling bladder, Numbness or tingling in arms or hands, Numbness or tingling in legs or feet, Weakness in arms or hands, Weakness in legs or feet, Recent change in coordination, Recent change in ability to walk, Spina bifida, Latex allergy.

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____
Signature of parent or guardian: _____
Date: _____

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■ PREPARTICIPATION PHYSICAL EVALUATION

ATHLETES WITH DISABILITIES FORM: SUPPLEMENT TO THE ATHLETE HISTORY

Name: _____ Date of birth: _____

1. Type of disability:		
2. Date of disability:		
3. Classification (if available):		
4. Cause of disability (birth, disease, injury, or other):		
5. List the sports you are playing:		
	Yes	No
6. Do you regularly use a brace, an assistive device, or a prosthetic device for daily activities?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed as having a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "Yes" answers here.

Please indicate whether you have ever had any of the following conditions:

	Yes	No
Atlantoaxial instability		
Radiographic (x-ray) evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "Yes" answers here.

I hereby state that, to the best of my knowledge, my answers to the questions on this form are complete and correct.

Signature of athlete: _____

Signature of parent or guardian: _____

Date: _____



PREPARTICIPATION PHYSICAL EVALUATION

MEDICAL ELIGIBILITY FORM

Name: _____ Date of birth: _____

- Medically eligible for all sports without restriction
- Medically eligible for all sports without restriction with recommendations for further evaluation or treatment of

- Medically eligible for certain sports

- Not medically eligible pending further evaluation

- Not medically eligible for any sports

Recommendations: _____

I have examined the student named on this form and completed the preparticipation physical evaluation. The athlete does not have apparent clinical contraindications to practice and can participate in the sport(s) as outlined on this form. A copy of the physical examination findings are on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the medical eligibility until the problem is resolved and the potential consequences are completely explained to the athlete (and parents or guardians).

Name of health care professional (print or type): _____ Date: _____

Address: _____ Phone: _____

Signature of health care professional: _____, MD, DO, NP, or PA

SHARED EMERGENCY INFORMATION

Allergies: _____

Medications: _____

Other information: _____

Emergency contacts: _____



To be completed for Students participating in any NSAA activities.

Student and Parent Consent Form



School Year: 20 ____ -20 ____
Member School: _____
Name of Student: _____
Date of Birth: _____ Place of Birth: _____

The undersigned(s) are the Student and the parent(s), guardian(s), or person(s) in charge of the above-named Student and are collectively referred to as "Parent".

The Parent and Student hereby:

- (1) Understand and agree that participation in NSAA sponsored activities is voluntary on the part of the Student and is a privilege;
(2) Understand and agree that (a) by this Consent Form the NSAA has provided to the Parent and Student of the existence of potential dangers associated with athletic and activity participation; (b) participation in any activity may involve injury or illness of some type; (c) the severity of such injury can range from minor cuts, bruises, sprains, and muscle strains to more serious injuries to the body's bones, joints, ligaments, tendons, or muscles, to catastrophic injuries to the head, neck and spinal cord, and on rare occasions, injuries so severe as to result in total disability, paralysis and death; (d) the severity of an illness, including contagious diseases such as the COVID-19 virus, and bacterial infections may be so severe as to result in disability and death; and, (e) even with the best supervision, the use of the best protective equipment and strict observance of rules, injuries are still a possibility;
(3) Consent and agree to participation of the Student in NSAA activities subject to all NSAA Bylaws and rules interpretations for participation in NSAA sponsored athletic and/or activities, and the athletic and activities rules of the NSAA member school for which the Student is participating; and,
(4) Consent and agree to (a) the disclosure by the Member School at which the Student is enrolled to the NSAA, and subsequent disclosure by the NSAA, of information regarding the Student, including the Student's name, address, telephone listing, electronic mail address, photograph, date of and place of birth, major fields of study, dates of attendance, grade level, enrollment status (e.g., full-time or part-time), participation in officially recognized activities and athletics, weight and height as a member of athletic teams, degrees, honors and awards received, statistics regarding performance, records or documentation related to eligibility for NSAA sponsored activities, medical records, and any other information related to the Student's participation in NSAA sponsored activities; and, (b) the Student being photographed, video recorded, audio taped, or recorded by any other means while participating in NSAA activities and contests, consent to and waive any privacy rights with regard to the display of such recordings, and waive any claims of ownership or other rights with regard to such photographs or recordings or to the broadcast, sale or display of such photographs or recordings.
(5) Consent and agree to authorize licensed sports injury personnel to evaluate and treat any injury or illness that occurs during the Student's participation in NSAA activities. This includes all reasonable and necessary preventive care, treatment and rehabilitation for these injuries. This would also include transportation of the Student to a medical facility if necessary. Such licensed sports injury personnel are independent providers and are not employed by the NSAA.
(6) Acknowledge that Parents are obligated to pay for professional medical and/or related services; the NSAA shall not be liable for payment of such services. We give permission to any and all of the Student's health care providers and the NSAA and its employees, staff, agents, and consultants to release and discuss all records and information about the Student including otherwise confidential medical information and records. We understand that this release has been requested and may be used for the purpose of determining eligibility pertaining to activities participation, fitness, injury, injury status, or emergency.

I acknowledge that I have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities.

Name of Student [Print Name] Student Signature Date

(I am)(We are) the Student's [circle appropriate choice] (Parent) (Guardian). (I)(We) acknowledge that (I)(We) have read paragraphs (1) through (6) above, understand and agree to the terms thereof, including the warning of potential risk of injury inherent in participation in athletics and activities. Having read the warning in paragraph (2) above and understanding the potential risk of injury to my Student, (I)(we) hereby give (my)(our) permission for [insert Student name] to practice and compete for the above named high school in activities approved by the NSAA, except those crossed out below:

Table with 7 columns: Baseball, Basketball, Bowling, Cross Country, Debate, Football, Golf, Journalism, Music, Play Production, Soccer, Softball, Speech, Swim/Dive, Tennis, Track & Field, Unified Bowling, Unified Track & Field, Volleyball, Wrestling

Table with 3 columns: Parent(s)/Guardian Printed Name(s)*, Parent/Guardian Signature, Date of Signature

*Both Mother and Father must sign, unless parents are divorced, the custodial parent must sign, or if the Student is not living with parents, the Student's legal guardian.



2024 Meridian Softball Schedule

June 3 rd (Monday)	8's Meridian @ Deshler 10's Meridian @ Deshler 14's Meridian @ Fairbury	6:00 @ Deshler 7:00 @ Deshler 8:15 @ Fairbury
June 5 th (Wednesday)	8's Hebron vs Meridian 8's Hebron vs Meridian 10's Hebron vs Meridian 12's Hebron vs Meridian	5:00 @ Meridian 6:00 @ Meridian 7:00 @ Meridian 8:15 @ Meridian
June 10 th (Monday)	8's McCool vs Meridian 8's McCool vs Meridian 10's McCool vs Meridian 12's McCool vs Meridian	5:00 @ Meridian 6:00 @ Meridian 7:00 @ Meridian 8:15 @ Meridian
June 12 th (Wednesday)	8's BDS vs Meridian 8's BDS vs Meridian 10's BDS vs Meridian 12's BDS vs Meridian 14's BDS vs Meridian	4:00 @ Meridian 5:00 @ Meridian 6:00 @ Meridian 7:00 @ Meridian 8:15 @ Meridian
June 17 th (Monday)	10's Meridian @ Plymouth 14's Meridian @ Plymouth	6:00 @ Plymouth 7:00 @ Plymouth
June 19 th (Wednesday)	10's Meridian @ EMF 14's Meridian @ EMF	6:00 @ Friend 7:00 @ Friend

League Tournaments: 8's June 14-16 @ Dorchester/DeWitt 10's June 21-23 @ Deshler 12's June 14-16 @ McCool 14's June 21-23 @ Geneva

2024 MERIDIAN SFS SCHEDULE

JUNE 4TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	FAIRBURY YELLOW	MERIDIAN	5:50
AMERICAN	FAIRBURY YELLOW	MERIDIAN	7:00
NATIONAL	WILBER BLACK	MERIDIAN	8:30

JUNE 6TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	MERIDIAN	FAIRBURY RED	5:50
AMERICAN	MERIDIAN	FAIRBURY RED	7:00
NATIONAL	MERIDIAN	FAIRBURY RED	8:30

JUNE 11TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	FRIEND RED	MERIDIAN	5:50
AMERICAN	FRIEND RED	MERIDIAN	7:00
NATIONAL	FRIEND RED	MERIDIAN	8:30

JUNE 13TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	BYE		
AMERICAN	BYE		
NATIONAL	MERIDIAN	PLYMOUTH A	8:30


JUNE 18TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	PLYMOUTH A	MERIDIAN	5:50
AMERICAN	PLYMOUTH A	MERIDIAN	7:00
NATIONAL	PLYMOUTH A	MERIDIAN	8:30

JUNE 20TH			
	AWAY	HOME	FIRST PITCH
PEEWEEES	MERIDIAN	GENEVA PURPLE	5:50
AMERICAN	MERIDIAN	GENEVA PURPLE	7:00
NATIONAL	MERIDIAN	FRIEND RED	8:30


PEEWEE TOURNAMENT @ FAIRBURY: FIRST ROUND: June 21st; REMAINING ROUNDS: June 22nd and 23rd
AMERICAN TOURNAMENT @ MCCOOL: FIRST ROUND: June 24th; REMAINING ROUNDS: June 26th, 27th, and 30th
NATIONAL TOURNAMENT @ PLYMOUTH: FIRST ROUND: June 25th; REMAINING ROUNDS: June 27th, and 29th

****TOURNAMENT DATES ARE TENTATIVE AT THIS TIME**

EXETER-MILLIGAN GAMES WILL BE PLAYED IN **EXETER**
 MERIDIAN GAMES WILL BE PLAYED IN **TOBIAS**

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