



STOTESBURY 2026

SCHUYLKILL RIVER, - PHILADELPHIA, PA

ATLANTIC OCEAN

MAY 14-16, 2026

MEETING AGENDA

- Remaining Season Timeline
- Stotesbury History
- Accommodations
- Trip Itinerary
- What to Expect
- Required Forms
- Questions

REMAINING REGATTA TIMELINE

- April 11 – Ted Phoenix
- April 18 – Ryz Obuchowicz
- April 25 – Al Urquia
- May 2 – VASRA Championship Day 1 - Lower Boats “States”
- May 9 – VASRA Championship Day 2 - Upper Boats “States”
- May 14-16 – Stotesbury (Schuylkill River, PA)
- May 22-23 – Nationals (Melton Lake, TN)

AWAY REGATTAS AND END OF SEASON TIMELINE

- April 30 – Forms Q&A Night @ 7:30-9:00 p.m.
- May 1 – Stotes Registration Closes and Payment Due
- May 13 – Luggage Check-in @ 7:30-9:00 p.m.
- May 14 – Depart for Stotesbury
- May 15 -16 – Stotesbury Cup Regatta
 - Schuylkill River - Philadelphia, PA
- May 22-23 – Scholastic Rowing Championships
 - Melton Lake – Oak Ridge, TN
 - “Nationals” – Qualifying boats attend
- May 29 (tentative) – Spartan Crew Awards Banquet



ABOUT

The Stotesbury Cup Regatta has been held continuously since 1927. Close to 5,000 competitors meet at the Athletes Village to experience both the spirit of rowing competition as well as the physical challenge of pitting themselves against the very finest crews rowing at the high school level. Their achievements draw a crowd of nearly 10,000 spectators.

STOTESBURY CUP HISTORY

Racing since 1927 and is now the largest high school regatta in the nation



178

SCHOOLS



4,774

ATHLETES



919

BOATS

STOTESBURY CUP REGATTA

May 15-16

- Attendance on the trip is not mandatory
 - Coaches will row the maximum boats possible
- Parents/Families also encouraged to attend
 - We have a reserved block of rooms for parents/chaperones
 - We also have a travel agent who can also assist with booking rooms
- Information over the weekend will be shared over GroupMe.

A photograph of a hotel room. In the foreground, there are two beds with blue and white linens. In the background, there is a desk with a chair, a window with curtains, and a television. The room is well-lit and appears to be a standard hotel room.

HOTEL

Best Western Plus Philadelphia-Pennsauken

7050 Kaighns Avenue
Pennsauken, PA 08109

The team has a block of rooms and there is a spectator block of rooms.

The image shows the interior of a bus, viewed from the passenger perspective. The seats are upholstered in a blue fabric with a subtle, repeating pattern. Above the seats, there are overhead luggage racks and air conditioning vents. The ceiling is illuminated with warm, yellowish lights. The bus appears to be empty, and the overall atmosphere is clean and modern.

TRANSPORTATION

Mount Vernon Travel



STOTESBURY CUP ITINERARY

MAY 13 - WEDNESDAY

LUGGAGE CHECK @ 7:30-9:00 p.m.
in WSHS Dance Room

- See packing list provided on the Statesbury Information Page.
- Must show Uniform and JL
- Empty Water Bottles
- Bring any medications and applicable forms



STOTESBURY CUP ITINERARY

MAY 14 - THURSDAY

TRAVEL & PRACTICE DAY

- Depart WSHS on 2 buses
(priority to athletes/chaperones)
- Travel Time – 3 hours
- Bring a Bagged Lunch/Snacks
- Stop at Maryland House
- Wear practice clothing
- Check-in and Dinner at the
Hotel

STOTESBURY CUP ITINERARY

MAY 15 - FRIDAY

REGATTA DAY ONE

- Depart Hotel in Shifts / Travel—20 mins
- Timed Trials All Day
- Lunch at the River – Hamburgers, Hot dogs, Chicken Cutlets
- Free-time to visit vendors in Stotes Village
- Fun night of Pizza and Pins at **SPLITZ**
- Return to Hotel approx. 9pm






STOTESBURY CUP ITINERARY

MAY 16 - SATURDAY

REGATTA DAY TWO & RETURN

- Depart Hotel in Shifts / Travel-20 mins
- Day is based on Qualified Boats
- Lunch at the River – Boxed Sandwiches
- Depart River to Return Home
 - Message over GroupMe will be sent with an ETA
 - Athletes can text parents as we exit I-395 for pickup at WSHS



STOTESBURY CUP REGATTA

WEATHER

HOW TO PREPARE

- Pack Sweatshirts
- Extra (Disposable) Socks
- Umbrellas
- Sunscreen
- Sunglasses



WHAT IT IS LIKE AT STOTES





The Sun Shines ALL Day!!!



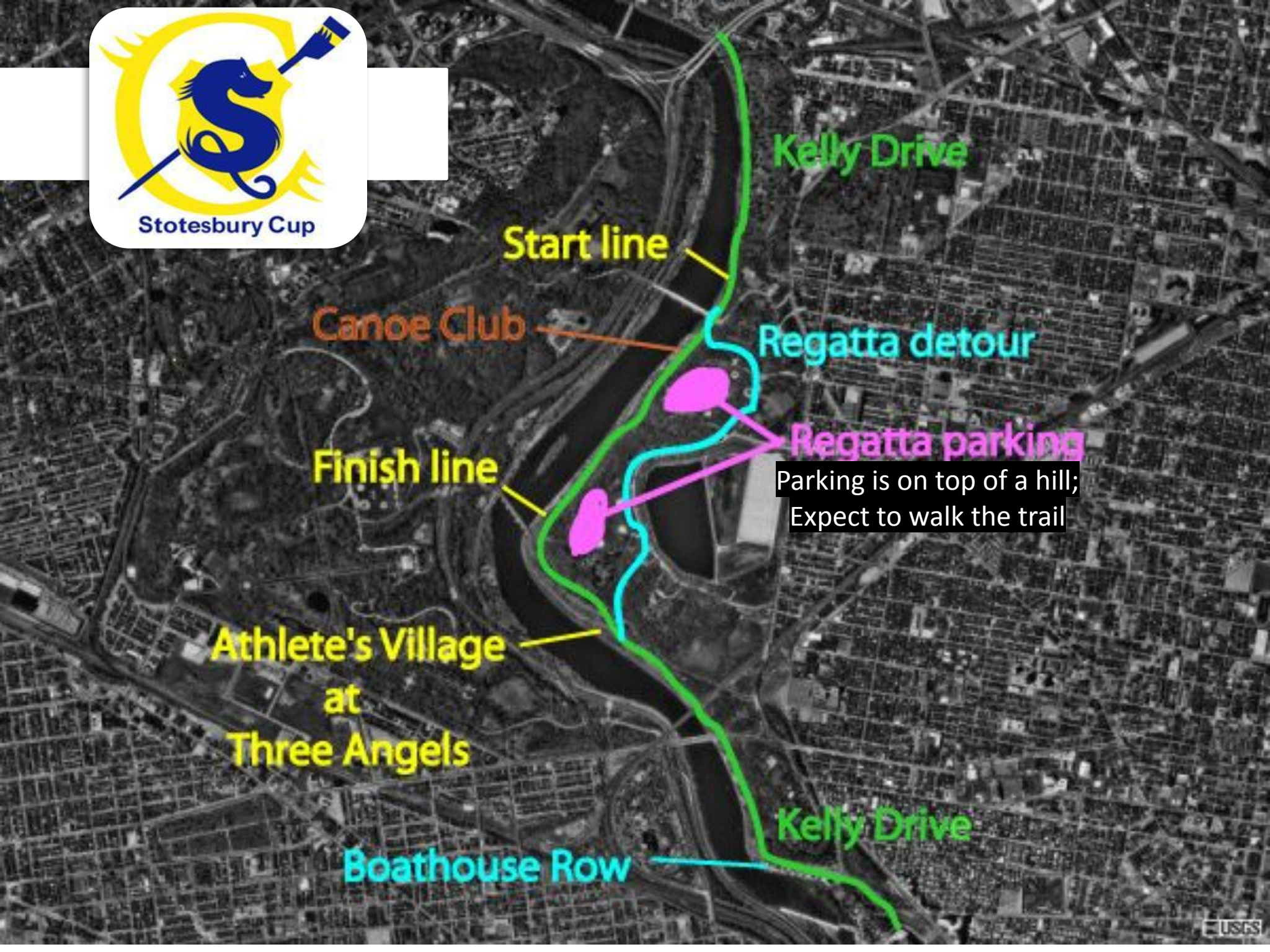
OR IT COULD BE THIS

BE PREPARED



NATIONAL
PORTABLE TOILETS
RENT-A-FENCE
STORAGE CONTAINERS
1-800-352-5675
rentnational.com





Start line

Kelly Drive

Canoe Club

Regatta detour

Finish line

Regatta parking

Parking is on top of a hill;
Expect to walk the trail

Athlete's Village
at
Three Angels

Kelly Drive

Boathouse Row

VOLUNTEERS

Volunteer Signups are available through the Sports Plus registration site and on the Stotes Information Page. The needs are great with numerous volunteer opportunities.

Before Stotes

- Luggage Check-in
- Luggage Loaders
- Snack donations
- Chuck Wagon Driver

At Stotes

- Team Tent Shifts
- Bus Chaperones
- Chaperones
- Medical Aid

MANY HANDS MAKE LIGHT WORK

Stotesbury Shirts

Show your team spirit and order a team shirt for you and your family.

Participating rowers will receive one with their registration. Spectator shirts may be ordered through the Spectator Store on the Stotesbury Information Page.



AP and SOL Testing

Some AP Testing is taking place on May 14 and May 15. Please let me know if your athlete has any of the below courses to arrange for rescheduling:

- Art History
- Spanish Language and Culture
- Computer Science Principles
- Physic C: Electricity and Magnetism
- Environmental Science
- Computer Science A

REQUIRED FORMS



**Form 1:
FCPS Field Trip
Authorization**



**Expectations and
Rules for
Athletes**



Payment



**Form 2:
Luggage Search**



**Forms 3, 4a, and 4b:
Medication
Authorizations**

Due by May 1

Due at Luggage
Drop-off May 13



REGISTRATION SPORTS PLUS

Registration can be completed through Sports Plus. The Sports Plus registration site can be accessed through the WSHS Crew Website at: spartancrew.org.

A registration banner for the 2026 Statesbury Cup Regatta. At the top, it says "Register for Statesbury 2026". Below that is the text "Click To Register" in orange. The center features the regatta logo, which includes a yellow "S" with a blue oar and the text "Stotesbury Cup Regatta" and "PRESENTED BY TOYOTA". At the bottom of the banner is a QR code.

Register for Statesbury 2026

Click To Register

Stotesbury Cup Regatta
PRESENTED BY TOYOTA



STOTESBURY INFORMATION PAGE

Additional Stotesbury information can be found on the WSHS Crew Website at: spartancrew.org. This includes links to registration, FAQs, volunteer opportunities, important dates, instructions for uploading documents, and many other informational items.





STOTESBURY INFORMATION PAGE

Instructions on uploading documents in Sports Plus can be found on the WSHS Crew Website at: spartancrew.org.

Upload Documents in SportsPlus (Desktop Edition)

- On a desktop browser, navigate to <https://spartancrew.org/>
- Log in to your SportsPlus account
- Click on the Spartan Rowing logo in the upper right corner of the screen.
- Select your rower's profile
- On the left side of the page, choose the Registrations option
- On the Registrations tab, click on the ID number next to the registration to which you are uploading documents.
- Scroll down, and you will see the links to the documents that you need to fill out.
- Below that, you will see the name of the document and a link to upload the document.
- Upload your documents



SportsPlus App



- Download the Sports Plus App
- Log in to your SportsPlus account
- Click on the 3 line, hamburger bar, upper right
- Select the Registration and Volunteers option
- Click My Registrations. Choose the option below based on which account you are logged into
 - One tab will be for "my registrations."
 - One tab will be for "my family members" registration
- Click on the registration to which you are uploading documents
- Scroll down until you see the option to upload
- Upload your documents








STOTESBURY COSTS

The total cost of \$500 per athlete covers:

- Registration
- Meal Plan
- Bowling night
- Transportation
- Lodging
- T-shirt
- Tent Site
- Snacks
- Boat Hauling
- Bus Driver/Hotel Tips

Payment Details

 Program fee payment type One time payment	
 Total amount 500.00	
 Due date May 01, 2026	
 Payment mode Both online and offline payments are accepted	 Additional convenience fee applied Yes

Payment is due May 1 and can be made online through Sports Plus or via check provided in person at Forms Q&A Night April 30.

Please choose Pay Later when registering online if you have fundraising credits, prefer to pay in person, or have other needs.



EXPECTATIONS AND RULES

Each athlete is expected to follow the rules set forth in this document. This is an overnight trip and we have set actions in place to maintain safety and respect for those we encounter as representatives of our school.

EXPECTATIONS FOR ATHLETES

&

RULES FOR OVERNIGHT FIELD TRIPS

This trip is a privilege, not a right.

Coaches, Parents, and your teammates have all worked hard to get ready for this Regatta. Coaches oversee the team at the water. Chaperones are in charge when you're at the WSHS Tent (riverside), hotel, bus, bowling alley, and during any free time. The Chaperones are volunteers and parents of your teammates. Please be respectful of them when they need to enforce rules, give correcting comments, or administer consequences.

RULES

- Proper behavior will always be expected. Athletes are required to abide by all rules contained in the Fairfax County Public Schools Student Rights and Responsibilities. This includes all regulations regarding the use of tobacco, alcohol, and drugs, language, dress code, etc. You are representing WSHS and Spartan Crew, as well as yourself. Always be courteous and considerate to everyone. Listen to your chaperones and abide by his/her guidance. Use appropriate, respectful language. **NO PROFANITY!**
- Athletes may not leave the hotel or regatta site without an adult chaperone.
- Remember the Buddy System! Never roam around alone. Exchange phone numbers with your chaperone and always reply to his/her text or call.
- No public displays of affection. This is a school field trip, not a date.
- Always respect the property of others.
- Clothing should fit, be neat and clean, and conform to standards of safety, good taste, and decency. When wearing the Spartan Crew Uniform, do not remove the top portion, no matter how hot the temperature.
- Do not take inappropriate pictures or videos of anyone at any time during the trip.

BUS RULES

- No sharing of blankets



FIELD TRIP AUTHORIZATION

Majority of our athletes should ride the bus and will need the form included on the Sports Plus registration site. Should the athlete be coming at a later time with someone other than their family, a privately owned vehicle (POV) authorization is needed. We are responsible for knowing where each athlete is and when they will arrive/depart.

Fairfax County PUBLIC SCHOOLS
PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISK FOR FIELD TRIP
(This form and an attached itinerary description are required for all field trips.)

1

IMPORTANT DIRECTIONS: (1) Use one form per trip, (2) Complete the school portion (top half) of form, (3) Duplicate one form per student, and (4) Send a copy home for parent and student signatures.

Date(s) of Trip May 14 -16, 2026	Destination Philadelphia, PA
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Purpose
Attend the Stotesbury Cup Regatta, hosted by the Schuylkill Navy

FCPS stock medications, to include (Epinephrine, Albuterol, and Naloxone) will not be provided on this field trip.

SUPERVISION (Check one.)

Students will be directly supervised by adults on this trip at all times

Students will be directly supervised by adults on this trip with the following exceptions:
free time between races; while at river between spectator tent and boat launch; between curfew and breakfast while sleeping

TRANSPORTATION BEING PROVIDED (Check all that apply.)

Walking School Bus Commercial Carrier Personal Vehicle

Leased Vehicle County Vehicle None

DRIVERS OF PRIVATE OR LEASED VEHICLES (Check all that apply.)

Student Parent Teacher or Staff Member Other Adult

VEHICLE TYPE (Check all that apply.)

Car Van (10 passenger or less) SUV Other _____ (Specify)

RISK RELATED (Check all that apply.)

Swimming Pool Amusement or Theme Park Beach or Ocean Other Water Related Activity (List activity)

Pupil Agreement

While participating in this trip, I will accept responsibility for maintaining good conduct and appearance, and I will follow directions at all times.

Signature of Student _____ Date _____

PARENTAL AUTHORIZATION AND ACKNOWLEDGEMENT OF RISKS

I understand that participation in this trip is voluntary, that it is not required, and that it exposes my child to some risk(s). I also understand that the trip may include amusement activities and that participation in any amusement activities will expose my child to some risk of injury or even death. I have read and understand the itinerary and authorize my child to participate in the planned components of the trip to the extent indicated by my signature below. I also understand that participation in the trip will involve activities off school property; therefore, neither the Fairfax County School Board, or its employees and volunteers, will have any responsibility for the condition or use of any non-school property.

PARENT PERMISSION (Check all that apply.)

Participation in all aspects of this trip.

Participation in all aspects of this trip, except the amusement and theme park activities.

Participation in all aspects of this trip, except the water-related activities.

Other _____

I give permission for _____ to participate in this field trip.

Signature of Parent _____ Date _____

IMPORTANT NOTICE Fairfax County Public Schools (FCPS) cannot be responsible for reimbursements to parents or students of money submitted as advance payment (e.g., for Broadway shows, transportation, or hotels) for any trip that FCPS cancels. It is strongly recommended that you personally review any tour company's or commercial carrier's contract, including its stated refund policies, BEFORE your child signs up or pays for the trip.

FS-152 (7/23)



LUGGAGE SEARCH

Each bag will be searched at check-in as athletes are entering the bus. **Only empty water bottles** will be allowed.

There will be water and Gatorade available while travelling on the bus.

Be sure to bring the signed approval form to luggage drop-off Wednesday, May 13.

Uniforms and JLs need to be on top of the luggage to confirm they are packed.

Fairfax County
PUBLIC SCHOOLS
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FIELD TRIP LUGGAGE SEARCH **2**

No student will be allowed to participate in the school activity scheduled for departure on May 14, 2026, unless PART I or PART II is completed and signed by a parent or guardian.

**PART I
CONSENT TO SEARCH**

I, _____, give my consent to officials of Fairfax County Public Schools and their officially designated representatives to search the luggage of my child, _____, in connection with the school activity scheduled for the above date. Also, I give my consent for any search, deemed advisable, of my child's lodgings while on the trip.

Parent's or Guardian's Signature

Date

**PART II
CERTIFICATION OF CONTENTS AND DELIVERY OF LUGGAGE**

I, _____, certify that I will search and deliver the luggage of my child, _____, and it will not contain any illegal or prohibited items. Also, I give my consent for any search, deemed advisable, of my child's lodgings including luggage, while on the trip.

Parent's or Guardian's Signature

Date

FS-143 (12/18)



MEDICATION AUTHORIZATIONS

If your athlete has a prescription medication they need to take while at Stotes we will need a Form 3 signed by a medical professional along with the medication in a labelled Ziploc bag. This includes Epi Pens. General OTC medication will be available in the team inventory and can be provided if there is a Form 4a, and 4b on file. Otherwise athletes can carry their own OTC.

**We do need a Medical Aid Volunteer,
please consider volunteering**



MEDICATION AUTHORIZATION PRESCRIPTION

If your athlete will need to take a prescription medication while at Stotes we will need a the Medication Authorization Form 3 completed with a medical professional signature. We also need the prescription medications provided at Luggage Check-in in a labelled Ziploc bag.

Fairfax County PUBLIC SCHOOLS ENGAGE • INSPIRE • THRIVE		MEDICATION AUTHORIZATION Release and Indemnification Agreement		3	
PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE PLEASE USE A SEPARATE FORM FOR EACH MEDICATION					
PART I PARENT OR GUARDIAN TO COMPLETE					
I hereby authorize Fairfax County Public Schools (FCPS), Fairfax County Health Department (FCHD), and School Age Child Care (SACC) personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless FCPS, FCHD, SACC, and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions, etc., against them for helping this student use medication, provided FCPS, FCHD, and SACC staff members comply with the licensed prescriber, parent or guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assume responsibility as required.					
Has the student taken this medication before? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, the first full dose must be given at home to ensure that the student does not have a negative reaction.)					
First dose was given: Date _____ Time _____					
Student Name: Last _____ First _____ Middle _____					
Date of Birth _____ School Name _____ School Year _____ Grade _____					
No School Board employee, public health nurse (PHN), licensed practical nurse (LPN), or school health aide shall administer medication or treatment, as an exception under School Board policy, unless the principal or his or her designee has personally reviewed all the required clearances. I give permission for the Public Health Nurse (PHN) to contact the below named licensed prescriber to clarify information provided on the order should the need arise.					
Parent or Guardian Signature _____ Daytime Telephone _____ Date _____					
PART II PARENT OR GUARDIAN TO COMPLETE AND SIGN FOR OVER-THE-COUNTER MEDICATION PER MANUFACTURER'S RECOMMENDATION FOR RELIEF OF SYMPTOMS FOR HEADACHE, MUSCLE ACHE, ORTHOTONIC PAIN, OR MENSTRUAL CRAMPS FOR THE ENTIRE SCHOOL YEAR, OVER-THE-COUNTER MEDICATIONS FOR SYMPTOMS OTHER THAN HEADACHE, MUSCLE ACHES, MENSTRUAL CRAMPS, ORTHOTONIC PAIN, INCLUDING ANTIBIOTICS, AND ANTI-VIRAL MEDICATIONS MAY BE GIVEN FOR TEN CONSECUTIVE SCHOOL DAYS WITH ONLY THE PARENT OR GUARDIAN'S SIGNATURE. LICENSED PRESCRIBER MUST COMPLETE AND SIGN FOR ALL OTHER MEDICATIONS.					
The Fairfax County Health Department and Fairfax County Public Schools discourages the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and overnight field trips and school crisis situations according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.					
Diagnosis _____					
Medication _____ Route (Oral, Injection, Inhalation, Topical, Buccal, Rectal, etc.) _____					
If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time between doses.					
Dosage to be given at school or SACC. (e.g. mg, ml) _____ Time(s) or interval between doses _____					
Effective Date: _____ If the student is taking more than one medication for the same symptom(s), list sequence in which medications are to be taken: _____					
<input type="checkbox"/> Current School Year OR <input type="checkbox"/> From _____ To _____					
Licensed Prescriber Name (Print or Type) _____ Licensed Prescriber Signature _____ Telephone or Fax _____ Date _____					
Parent or Guardian Name (Print or Type) _____ Parent or Guardian Signature _____ Telephone _____ Date _____ (Not required if licensed prescriber signs)					
PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE					
Check <input checked="" type="checkbox"/> as appropriate:					
<input type="checkbox"/> Parts I & II above are complete including signatures. (It is acceptable if all items in Part II are written on the licensed prescriber's stationery or a prescription pad.)					
<input type="checkbox"/> Medication is appropriately labeled. _____ Date by which any unused medication is to be PICKED UP by the parent or guardian. _____ (Within one week after expiration of this authorization or on the last day of school.)					
Principal or Principal Designee Signature _____ Date _____ Student ID _____					
Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent, guardian, or eligible student.					
SSSE-43 (5/25)					



MEDICATION AUTHORIZATION OVER THE COUNTER (OTC)

General OTC medication will be available in the team inventory and can be provided if there is an authorization on file. If an athlete is to access the team's medicine cabinet of OTCs then BOTH 4a and 4b are needed

Fairfax County PUBLIC SCHOOLS **MEDICATION AUTHORIZATION** **4a**
Release and Indemnification Agreement
PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

I hereby authorize Fairfax County Public Schools (FCPS), Fairfax County Health Department (FCHD), and School Age Child Care (SACC) personnel to administer medications as directed by this authorization. I agree to release, indemnify, and hold harmless Fairfax County Public Schools, Fairfax County Health Department, and School Age Child Care from lawsuits, claims, expenses, demands, or actions, etc., against them for their compliance with this authorization, parent or guardian orders set forth in accordance with the back of this form and assume responsibility as required.

→ Has the student taken this medication before? Yes No (If no, the first full dose First dose was given: 0)

Student Name: Last _____ First _____

Date of Birth _____ School Name **West Springfield High!**

No School Board employee, public health nurse (PHN), licensed practical nurse under School Board policy, unless the principal or his or her designee has per Nurse (PHN) to contact the below named licensed prescriber to clarify orders

→ Parent or Guardian Signature _____

PART II PARENT OR GUARDIAN TO COMPLETE AND SIGN RECOMMENDATION FOR RELIEF OF SYMPTOMS IN CRAMPS FOR THE ENTIRE SCHOOL YEAR. OVER-OTC HEADACHE, MUSCLE ACHES, MENSTRUAL CRAMP MEDICATIONS MAY BE GIVEN FOR TEN CONSECUTIVE DAYS. LICENSED PRESCRIBERS MUST COMPLETE.

The Fairfax County Health Department and Fairfax County Public Schools do not have the capability to administer over-the-counter medications. School personnel will, when it is absolutely necessary in emergency situations, administer over-the-counter medications in accordance with the back of this form and assume responsibility as required.

Diagnosis **Sunburn, Itching, Headache, Stomach F**

Medication **See Attached OTC Medications**

(If medication is given on an as-needed basis, specify the symptoms or condition)

Upon occurrence of diagnosis _____

Dosage to be given at school or SACC, (e.g. mg, ml) _____

As directed on package

Effective Date: _____

Current School Year OR From 5/14/2026 To 5/26/2026

Licensed Prescriber Name (Print or Type) _____ N/A Licensed Prescriber Sig _____

→ Parent or Guardian Name (Print or Type) _____ Parent or Guardian Sig _____

PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE

Check as appropriate:

Parts I & II above are complete including signatures. (It is acceptable if Medication is appropriately labeled.)

Principal or Principal Designee Signature _____ Date **4/8/26**

Information from the Fairfax County Public Schools student scholastic record have access to such information without the written consent of the parent, per 5556-63 (5/25)

West Springfield High School Crew Supplemental Medication Authorization Form **4b**

This form will only be used in conjunction with a completed and signed FCPS Medication Authorization form. If a signed FCPS form is not on file, we cannot administer any medication to the student. To provide any over-the-counter medication to a student, BOTH the FCPS Medication Authorization form and this Supplemental Medication Authorization form must be signed.

I, _____, authorize previously designated members of the WSHS Spartan Crew and/or FCPS employees to administer the following over-the-counter medication as per package instructions for my child, _____ for ailments for which the medication is designed, for the duration of the Statesbury Regatta Field Trip & SRAA Nationals Field Trip.

None of the medications will be given in a dosage that exceeds the recommended amount on the package.

- Advil
- Tylenol
- Midol
- Dramamine
- Benadryl
- Pepto Bismol
- Tums
- Neosporin
- Visine
- Saline (Contact Lenses)

I also consent to the following prescription medications and/or emergency treatment as per my written instructions provided on a separate Medication Authorization Form provided to WSHS Spartan Crew Team:

Parent/Guardian Signature: _____



PACKING LIST

We will continue to be a GREEN SPACE and limit our reusable/disposable items. Make sure to bring a **reusable mug** for hot drinks, as well as a **water bottle**.

Chairs are suggested and may be transported under the bus. Make sure to label them please.

Packing List

(label everything)

Luggage Night

(May 13, 7:00 pm – 9:00 pm)

Bring your

- Forms 2-4b (if not already uploaded)
- Prescription Medications in a Ziploc bag, with signed forms (if not uploaded already)
- Luggage (this will be searched)
- Chairs
- Volunteer food donation items

Your luggage should contain:

- Uniform (All 3 pieces placed in a Gallon Ziploc bag on the top)
- Rain-gear – It often rains
- Layers of shirts, sweatshirts
- Extra socks & shoes
- Toiletries
- Sleeping Bag (if you want one for the hotel). Some kids don't like to share beds, so they alternate sleeping on the floor.

Your Day Bag /Carry-On should contain:

- Money for concessions and souvenirs at the Regatta or the Maryland House Stop
- Cell Phone or device charger and cords
- Practice clothing for Thursday on-the-water practice
 - Gortex or similar for rain
- Snacks for the bus
- Books/Magazines for the bus
- EMPTY water bottle
 - You can fill the bottle after boarding the bus
 - Water and Gatorade will be provided on the bus
- Sunscreen
- Entertainment for downtime at the river (Cards, games)
- Gallon-sized Ziplocs for protecting items inside your bag in case of inclement weather



STOTESBURY SPECTATOR STORE

Spectators may also pay ahead for meals/transportation

- Thursday Dinner
- Friday Lunch
- Friday Dinner/Bowling
- Saturday Lunch
- Transportation (limited)
- Stotesbury T-Shirts
- There will be a bus sign up for the remaining seats.
- Chaperones will need to also sign up and pay to get first priority



STOTESBURY INFORMATION PAGE

Additional Stotesbury information can be found on the WSHS Crew Website at: spartancrew.org. This includes links to registration, volunteer opportunities, important dates, instructions for uploading documents, and many other informational items.





Questions



CONTACT INFO

AWAY REGATTA COORDINATOR

ELISHA & DAVID MATVAY

757-630-9677

AWAYREGATTA@SPARTANCREW.ORG