

last name		first name		
_____	male or female	_____	5 th or 6 th	_____
school you attend	circle gender	age	circle grade	birthday mm/dd/yyyy
_____	Youth (S M L XL) Adult (S M L XL)			
lunch time	Please circle t-shirt size			

home address	city	state	zip
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student's home phone _____ student's cell phone _____

	Yes / No
student's email address	<i>Please Circle Yes or No if it is Ok for us to text message the student?</i>

mom's name dad's name

address if different from yours

mom's cell

dad's cell

mom's email

dad's email

sports and/or other extra curricular activity

dates	times	locations

school they attend	lunch time
1	1
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100	100

Please include the dates, times and locations of your student's sporting events:

5TH. AND 6TH