

Athlete Information

Parochial Middle School: _____ Grade: _____

Name: _____ Date of Birth: _____

Address: _____

City: _____ State _____ Zip _____

Shirt Size: _____

Parent Information

Name: _____

Home Phone: _____ Cell Phone: _____

Name: _____

Home Phone: _____ Cell Phone: _____

Notes: _____

PLEASE ATTACH REGISTRATION RECEIPT TO THIS & TURN IN TO THE PARK LANES OFFICE

