

Complete a sign up packet for each child, please. Return all forms with payment to the coach.

Child's Name:	Grade: Age:
ONE CHILD C	DNLY!
Parent (s) Name:	
Phone Number:	Email:
Sport: ONE SPORT ONLY!	Amount Enclosed:
FEE SCHEDULE	
Boys Basketball Girls Volleyball Cross Country Girls Basketball Track Tee BALL SOCCER **Note: Siblings participating in th	 \$75 (Grades 3-8) CYO \$75 (Grades 4-8) CYO \$60 (Grades K-8 boys and girls) CYO \$75 (Grades 3-8) CYO \$60 (Grades K-4 boys & girls) CYO \$35 (Grades K-5 boys & girls) Inter scholastic \$35 (Grades K-5 boys & girls) Inter scholastic \$36 (Grades K-5 boys & girls) Inter scholastic
TO BE COMPLETED BY COACH OR SPORTS COORDINATOR	
RECORD OF PAYMENT { } Mark box if CCD Student Amount Received \$ Check Number: Date of Check:	

Note: Unpaid participants cannot practice or play in their chosen sports activity. Late payments to be turned into Nancy Clabby.