2025 Registration

Office Use Only Payment Received \$	
Date payment received _	

Camp: January 11th League: January 18 thru March 1

Participant's Name							
Grade							
Level of Experience (Circle (2 1	·			
1. Experienced	2. Average	2	3. 1	lst Time Lea	gue		
Guardian's Name							
Guardian's Signature							
Address							
City		Zi	p Code _				
Home Phone		(Cell Phone	e			_
Email Address				_Allergies			_
Interested in Coaching? Y	NI						
Interested in Coacining:	IN						
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Interested Coach's Name &	Number						
Interested Coach's Name &	Number						
Interested Coach's Name & Is the child a parishioner of							
Is the child a parishioner of		Comn	nunity of	St. John & E	lessed S		
Is the child a parishioner of	The Catholic	Comn	nunity of	St. John & E	AM	acrament?	Y N
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Signature: