



Registration Fee \$200.00 max
Per Child/Per Year

Amt. _____

Cash/Ck # _____

Initial _____

Physical Y/N _____

OFFICE USE ONLY

Holy Family Sports Registration

Participant's Name _____ Date of Birth _____ Grade _____

CHECK ONE: Boys Basketball ___ Baseball ___ Softball ___ Volleyball ___ Track ___

Fee: \$80. Please complete SEPARATE forms if your child plays multiple sports. You may make payment with one check. Make checks payable to: Holy Family Athletic Department

Adult/Guardian Name _____

Home Address _____

City _____ State _____ Zip _____

Home # _____ Cell # _____ Other # _____

Email _____