



Registration Fee \$200.00 max
Per Child/Per Year
Amt. _____
Cash/Ck #/ VENMO

Initial _____
Physical Y/N _____

Holy Family Sports Registration

ATHLETE'S Name _____ Date of Birth _____ Grade _____

CHECK ONE: FOOTBALL _____ GIRLS BASKETBALL _____ CROSS COUNTRY _____

Fees: \$80 per player: CROSS CONTRY AND GIRLS BASKETBALL

\$100 per player: FOOTBALL

FOOTBALL ONLY: SCARED HEART _____ (Sacred Heart players put check)

Make CHECKS payable to Holy Family Athletic Department or CASH or VENMO:

PARENT/ GUARDIAN: _____
PHONE: _____ EMAIL: _____



HFS AthleticDept
@HFS-AthleticDept



venmo

Scan this code to pay