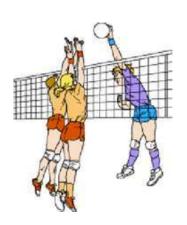
## Lower School Spring Volleyball 2017



Name	_ Phone
Grade T-Shirt Size	
E-mail	
Father/Guardian	
Cell Phone Mother/Guardian	
Cell Phone	<del></del>
Family Physician	
Phone	
Authorized Emergency Person	
Phone	
Special Health/Emergency Information:	
Parent Signature	
Date	
Cost: \$75.00	
Open to 4 <sup>th</sup> & 5 <sup>th</sup> grade girls	

Due: March 9

\* Remember: if you have linked your bank account to your FACTS account, you no longer need to submit checks for incidentals! This cost will be added to your child's FACTS account to be automatically drafted from your bank.