



Registration Form

Student's Name _____

Grade _____ Teacher _____

Parent's Name _____

Parent's Phone Number _____

Parent's email _____

Emergency contact (other than parent) name and phone number:

T-Shirt Size (please circle one): YS YM YL AS AM AL

PLEASE SEND A SNACK AND A WATER BOTTLE

WITH YOUR DAUGHTER FOR PRACTICE!!

All registration forms must be turned in by Thursday, November 29!.

Please make all checks out to B.S.S.

THANK YOU for supporting the B.S.S. Annual Fund!!!