

# St. Catherine of Siena Men's Club

## 2009 Summer Cabbageball Program

### Registration Form

(Please Print)

Child's Name (Last Name, First Name ,age)	Male/Female (Circle One)	Grade Level Fall 2008 (Circle One)	SCS Student? (other) (Circle One)
_____	M F	PK K 1 2 3 4 5	_____ Y N
_____	M F	PK K 1 2 3 4 5	_____ Y N
_____	M F	PK K 1 2 3 4 5	_____ Y N
_____	M F	PK K 1 2 3 4 5	_____ Y N
_____	M F	PK K 1 2 3 4 5	_____ Y N

Parents/ Guardians	Coach? (Circle One)	Team Sponsor? (Circle One)	Diamond Sponsor? (Circle One)
_____	Yes No	Yes No	Yes No
<i>Father</i>			
_____	Yes No	<i>(If yes, staple logo or message to this sheet.)</i>	
<i>Mother</i>			
_____	No. of Children	_____ @ \$20.00/ea _____	(\$50.00 max)
<i>Address</i>			
_____	No. of Sponsorships	_____ @ \$125.00/ea _____	
<i>City, State, Zip Code</i>			
_____			<b>make check payable to: SCSMC</b>
<i>Phone No.</i>			<b>TOTAL _____</b>
_____			
<i>e-mail address (for confirmation of registration)</i>			

List any friends with whom child(ren) would prefer to be paired:

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