

St. Catherine of Siena Men's Club

2010 Summer Cabbageball Program

Registration Form (Please Print)

<u>Child's Name</u>	<u>Age</u>	<u>Male/Female</u>	<u>Grade Level – Fall 2010</u>	<u>SCS Student</u>
_____	_____	M/F	PK-3 PK-4 K 1 2 3 4 5	Y N
_____	_____	M/F	PK-3 PK-4 K 1 2 3 4 5	Y N
_____	_____	M/F	PK-3 PK-4 K 1 2 3 4 5	Y N
_____	_____	M/F	PK-3 PK-4 K 1 2 3 4 5	Y N
_____	_____	M/F	PK-3 PK-4 K 1 2 3 4 5	Y N

Parents / Guardians

Willing to Coach

Father - _____	Y N	Please consider volunteering to
Mother - _____	Y N	help coach your child's team.
# & Street - _____	Phone # (h) _____ (c) _____	
City, St, Zip - _____	email _____	

No. of children _____ @ \$25 /each = \$_____ (\$60 max per family)

(make checks payable to "SCSMC Summer Program")

List names of friends who children who prefer to be on same team (no guarantees!)

Please consider having you or your company sponsor the 2010 Cabbageball Program.

Sponsorships are only \$150 and allow us to continue this great community program at a minimal cost to the participating families.

Sponsors are recognized with a logo on the team t-shirts. Please contact Dirk Wild at dirkjwild@gmail.com if you are interested.