

St. Mary School Cross Country

Registration Form

School Year - 2019/2020



Grade: 5 6 7 8

Parents' Names _____

Child's Name _____ DOB _____

Age _____

Home Phone _____

Address _____

City _____ Zip _____

Parent's Email _____

Registration Fee: \$40 per student.

Please make checks payable to St. Mary School.

Amount of registration paid:

\$ _____ Check # _____ Cash _____

Please return this form, along with all of the required forms, to Mrs. Watson on the first day of practice.