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SPORTS ACTIVITY FEE:

Name: _____

Sport: _____

Date: _____

THERE IS A \$30.00 SPORT PARTICIPATION FEE FOR EACH TEAM MEMBER. PLEASE FILL IN ABOVE INFORMATION, SIGN AND REMIT THE SPORT FEE BY _____
(Make checks payable to St. Christopher School)

SIGNATURE: _____

THANK YOU!

