

HOLY SPIRIT JYCO VOLLEYBALL REGISTRATION 2014

Child's Full Name _____

Grade _____ Sex _____ Birth date _____

School _____ CCD (if applicable) _____

Parents' Names _____

Home Address _____

City _____ ZIP _____ E-mail 1: _____

E-mail 2: _____

Phone(s) Home _____ Work _____

Cell _____

Name of Emergency Contact _____

Relationship _____ Telephone Number(s) _____

List any medical problems, limitations, or other information for child this child

Parent/Guardian Name(s) (Print)

Date

For program information go <http://hsp.fiatinsight.com/ministries/community/cyo-sports/>, or contact Holy Spirit basketball coordinator, Dennis Smolak, at 703-503-5397 or email at dsmol@aol.com

*Make check payable to: "Holy Spirit" in the amount of **\$100.00**. Registration is due by NLT March 16, 2014. Registrations received after March 16 will be accepted on a space available basis.

**Leave Registration forms at the School Front Office attention:
Dennis Smolak**