

**REGISTRATION FORM**

CLASS OF \_\_\_\_\_

**ROSTER**

	<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE #</b>	<b>EMAIL</b>	<b>OPTIONAL JERSEY'S Size M, L, XL, XXL</b>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Number of Players \_\_\_\_\_ X \$30.00 = \_\_\_\_\_

**\*\*Entry Fee Includes Charcoal Chicken Dinner**

Number of Jerseys \_\_\_\_\_ X \$30.00= \_\_\_\_\_

**\*\*Extra Chicken Dinners are available for \$8.00 per plate at the door  
for guests.**

**TOTAL = \_\_\_\_\_**

**Make Checks Payable to: Fall Creek Booster Club**

**SEND TO: CINDY KOLPIEN**

**FAX ENTRY TO:**

**N1995 CO RD XX  
CADOTT, WI 54727  
cindykolpien@fallcreek.k12.wi.us  
Phone 715-877-1002**

**OR 715-877-2911 fax**

**PLEASE RETURN BY MARCH 23, 2018**