

Player Eligibility Information Sheet

Please fill out the following information to be kept on file for eligibility. RETURN TO MS. SHADE'S ROOM #107 ASAP

Student's Name: _____

Grade: _____ **Homeroom Teacher:** _____

Place of Birth: _____

Mother's/Guardian's Name: _____

Father's/Guardian's Name:

Parent/Guardian's Phone Number: _____

Parent/Guardian's Address: _____

Coach's Name: _____

Participation Fee: \$15.00 [CHECK ONE] Cash _____ OR Check (made payable to NMS) _____ Check # _____

