

# ***BASKETBALL SIGN UPS!!!!!!!***

Let us know which team you will be participating in (check one)

3<sup>rd</sup> and 4<sup>th</sup> Grade Girls Basketball \_\_\_\_\_

5<sup>th</sup> and 6<sup>th</sup> Grade Girls Basketball \_\_\_\_\_

7<sup>th</sup> and 8<sup>th</sup> Grade Girls Basketball \_\_\_\_\_

3<sup>rd</sup> and 4<sup>th</sup> Grade Boys Basketball \_\_\_\_\_

5<sup>th</sup> and 6<sup>th</sup> Grade Boys Basketball \_\_\_\_\_

7<sup>th</sup> and 8<sup>th</sup> Grade Boys Basketball \_\_\_\_\_

**Please return this form along with all the attached forms so we can make sure everyone is eligible to start practice once the season begins. If your child does not have ALL of the necessary paperwork completed he/she will not be permitted to start practice until all paperwork and fees have been turned in. Thanks so much for your cooperation. I wish you all a very successful season. GO WILDCATS!!!!!!**

**All forms must be turned in to the office c/o Michele Tomasic Athletic Association by October 1, 2009.**

---

**\$40.00/ Family**

**Student(s) Name** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Home Room**

**Number** \_\_\_\_\_

**Amount enclosed:** \_\_\_\_\_

**All checks should be made payable to WOG Athletic Association –**

**Attached – (Medical Form / Emergency Contact / Insurance / Student Contract)**