

Rookie Rugby REGISTRATION FORM

CHILD'S NAME: _____	GRADE: _____	Phone Number _____
ADDRESS: _____ _____ _____	SHIRT SIZE: _____	Emergency Number _____
FEE: \$25.00	CASH: _____	Medical Issues _____
Parent's Signature: _____	CHECK: _____	Date: _____
Printed Name: _____		

