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_____ Cash
_____ Check



DALLAS PAROCHIAL LEAGUE
EAGLE BASKETBALL
REGISTRATION FORM

Cost: \$70 a student
5th-8th grade students only!

Form and Money due by Wednesday, November 11, 2009 (if not turned in by this date you will not be allowed to play, no exceptions – any problems contact me by Wednesday, November 4th.)

STUDENT SECTION:

Name _____ Grade _____

I am paying by (please check the correct space):

_____ cash

_____ check – please write the check number _____

_____ I Play other sports / activities during Basketball Season
and may not be able to commit to all practices and games

PARENT SECTION:

Name _____

Phone (hm) _____ (w) _____

(cell) _____

E-Mail _____

Are you interested in coaching? _____ If so, which level? (please put 1st and 2nd choice)

I agree to volunteer a minimum of 1 hour when SMC hosts games.

If you have any questions please contact Carey Murawski at (214)748-2934 or
Carey.Murawski@smcschool.org

I hereby give permission for my child to participate in DPL Basketball representing St. Mary of Carmel School.

Parent Signature: _____

Date: _____