

THE JOHN **CROSLAND** SCHOOL



Basketball Enrollment Form

DUE October 22nd

Student's Name _____ Grade _____ Age _____

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone # _____

Email Address _____

Basketball Enrollment Fee of \$150 is enclosed _____

Parent/Guardian Signature _____ Date _____

Would you be interested in being a driver for games? YES NO

Please make checks payable to The John Crosland School. Should you have any questions or concerns please feel free to contact Vivian Fotinos at 704-365-5490 ext.736 or email at vfotinos@johncroslandschool.org