

THE JOHN **CROSLAND** SCHOOL



Cross Country Enrollment Form

DUE AUGUST 29th

Student's Name _____ Grade _____ Age _____

Parent/Guardian Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone # _____

Email Address _____

Shirt Size (circle one) ADULT: S M L XL OR YOUTH _____ \$40

Shorts Size (circle one) ADULT: S M L XL OR YOUTH _____ \$40

Enrollment Fee: _____ \$150

Total Enclosed for Cross Country _____

Parent Signature _____

Date _____

Would you be interested in being a driver for a meet? ___ 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