NAME OF ATHLETE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME(S) OF PARENTS OF ATHLETE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF PARENTS OR OTHERS ATTENDING:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AMOUNT ENCLOSED ($10 per adult ticket- athlete is free):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CAN or CANNOT bring a fruit tray or dessert. Please circle one.

\*Please return this form, along with payment, to the MBS school office by Monday, May 1st. Checks may be made out to MBS Athletics. Adult/ parent tickets will be sent home upon receipt of this form.\*