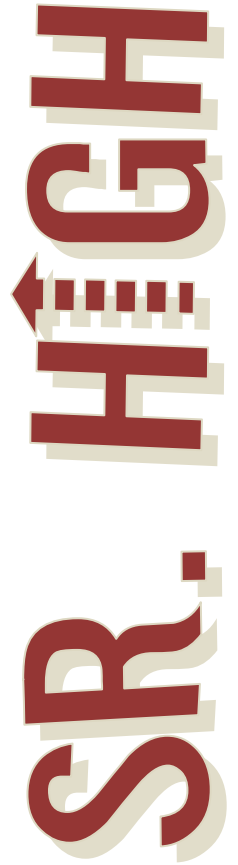


tell us about you.....



_____		_____	
last name		first name	
_____	male or female	_____	9 10 11 12
school you attend	circle gender	age	circle grade
_____		_____	____/____/____
home address		_____	_____
_____		city	state zip
_____		_____	yes or no
your home phone		your cell phone	can you receive texts?
_____		_____	do you facebook? yes or no
your email address		_____	
_____		_____	
mom's name		dad's name	
_____		_____	
address if different from yours		address if different from yours	
_____		_____	
mom's cell		dad's cell	
_____		_____	
mom's email		dad's email	
_____		_____	

Please Indicate Your Extra Curricular Activities

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Art | <input type="checkbox"/> Martial Arts | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Band | <input type="checkbox"/> Musical Instrument | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Baseball | _____ | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Orchestra | <input type="checkbox"/> Theatre |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Photography | <input type="checkbox"/> Track |
| <input type="checkbox"/> Choir | <input type="checkbox"/> ROTC | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Color Guard | <input type="checkbox"/> Scouts | <input type="checkbox"/> Weight Lifting |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Soccer | <input type="checkbox"/> Yearbook |
| <input type="checkbox"/> Dance | <input type="checkbox"/> Softball | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> FFA/4H | <input type="checkbox"/> Special Clubs | _____ |
| <input type="checkbox"/> Football | _____ | _____ |
| <input type="checkbox"/> Golf | <input type="checkbox"/> Speech/Debate | |
| <input type="checkbox"/> Gymnastics | | |
| <input type="checkbox"/> Hockey | | |

