



## St. Paul's Registration Form 2012

Print Name \_\_\_\_\_ ASP Participant

Signature \_\_\_\_\_ ASP Participant

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

*\*\*Required if Participant is Under 18 Years of Age.\*\**

**\*\*Signature of Parent or Guardian of ASP Participant** \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Parent's Email \_\_\_\_\_

Participant's Email \_\_\_\_\_

T-Shirt Size \_\_\_\_\_ Check Number \_\_\_\_\_

**Return by October 9, 2011 to Matthew Stever**

***The registration fee is non-refundable***