Tigerette MS Softball Camp

Players Entering 6th–8th Grades

| Participants Name | | |
|---|--|---|
| AGE | Grade In School | School Attending |
| Parent Name/Guardian | | |
| Emergency Contact Phone | 2 | |
| I give consent for | to parti | cipate in the Tigerette Softball Camp June 2022. |
| | (signature) | |
| T-Shirt Size | | |
| ** Cost of the Camp is \$30 by May 19 th . | 0.00 includes T-Shirt. Please return t | his form along with payment to the Middle School office |
| Payment Received | | |
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