

Running Spartans Registration Form

Yes_____ No_____ My child will be able to participate in the Spartan Running club.

I understand I am responsible for picking up my child at 4:00 p.m. at St. Paul Catholic School.

Name of Student _____ Grade_____

Name of Parents _____

Contact Phone Numbers:

(Mom)_____

(Dad) _____

E-mail: _____

Parent Signature:
