|  |  |  |  |
| --- | --- | --- | --- |
| Return Information | | | |
| Return Date | | Return to Dr. Balluch by November 16, 2018 | |
| Mail | | Dr. Felicity Balluch  P.O. Box 10  Peru, NE 68421-0010 | |
| Email | | FBalluch@peru.edu | |
|  | | | |
| Student Information | | | |
| Name | |  | |
| Grade | |  | |
| Age | |  | |
| Disability | |  | |
|  | |  | |
| Special Accommodations | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
| Health Related Needs (Food Allergies) | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
| T-Shirt Size | | YS, YM, YL, S, M, L, XL, XXL | |
| Choice of Sport (Please Pick One) | | Basketball or Cheerleading | |
| Any Other Information | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | | | |
| Parent Information | | | |
| Name |  | | |
| Phone |  | | |
| Home Address |  | | |
| Email |  | | |
| Emergency Contact Name |  | | |
| Emergency Contact Phone |  | | |
|  | | |
|  | | |
|  | | |

Please look for a follow up email with more instructions.