



## 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*