

SCHOOL REGISTRATION FORM

Due January 14

School: _____ School # _____

School's Phone: (_____) _____

School's Fax: (_____) _____

Contact Person's Name: _____

Fees:

a. **School Registration Fee:** \$ _____
Member School: \$125.00
Non-member School: \$300.00

b. **Student Registration Fee:** \$ _____
Member Student: \$ 4.00
Non-member Student: \$ 7.00

c. **Entry Fees:**
Individual Events: (\$4.00/student) \$ _____
Group Events: (\$3.50/student) \$ _____

d. **Meals:**
Lunches: (\$6.00 each) x _____ = \$ _____
Dinners: (\$6.00 each) x _____ = \$ _____

Office Use Only:

Date Received: _____

Amount Paid: _____

TOTAL: \$ _____

Please make all checks payable to Calvary Baptist Academy, 6100 Perrine Road, Midland, MI, 48640.
Please note all spectators will be charged \$ 5.00 at the door.