

**CALIFON PUBLIC SCHOOL  
6 SCHOOL STREET  
CALIFON, NJ 07830  
TEL: (908)832-2828 FAX: (908)832-6719**



**SPORTS ACTIVITY FEE FORM**

If your son or daughter is going to participate in BASEBALL, please fill out the attached form and return it to the office with your check of **\$65** made payable to

**“Califon School”**, no later than **March 22, 2010**. Please return in an ENVELOPE clearly marked ATTN: BASEBALL ACTIVITY FEE and your child’s NAME

Thank you for your continued cooperation and support.

**Parent/Guardian Name:** \_\_\_\_\_

**STUDENT Name(s):** \_\_\_\_\_ **GRADE**

\_\_\_\_\_ **GRADE**

\_\_\_\_\_ **GRADE**

I am enclosing \$ \_\_\_\_\_, which represents \$65.00 per child

\_\_\_\_\_

**Parent’s Signature**

## TEAM PLAYER CONTACT INFORMATION FORM

The following information is requested for purposes of **team communication and planning**, as well as emergency contact in case of schedule changes or delays. Email is extremely important for this process. Please list all phone numbers and emails that you wish to be contacted at regarding your child's SPORTS ACTIVITIES.

*Please return completed form by March 22<sup>nd</sup> .*

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Sport:** \_\_\_\_\_

**Parents' Names:** \_\_\_\_\_ **Home Ph. #:** \_\_\_\_\_

**Cell Phone Numbers:** \_\_\_\_\_ **Of** \_\_\_\_\_

\_\_\_\_\_ **Of** \_\_\_\_\_

\_\_\_\_\_ **Of** \_\_\_\_\_

**EMAIL Address:**

\_\_\_\_\_ **Of** \_\_\_\_\_

\_\_\_\_\_ **Of** \_\_\_\_\_

\_\_\_\_\_ **Of** \_\_\_\_\_

\_\_\_\_\_ **Yes**, I grant permission to share this information with the Team Coaches, Athletic Director, Booster Club and Team Parent Liaison. \_\_\_\_\_

Parent Signature

### TEAM PARENT VOLUNTEER

\_\_\_\_\_ **YES**, I am interested in being a Team Parent for the Califon Team, and I am available to serve as a communication liaison.

**Any questions please Contact Michelle at 832-2828 -x 211**