

North Muskegon Public Schools

Destination Imagination 2011-2012 Season Registration

Form may be returned either to the North Muskegon MS/HS Office or Elementary Office

Student's Name _____ M / F _____

Address _____ Home Phone _____

Date of Birth _____ Grade in Fall _____

Student Email _____

Parent / Guardian Names _____

Parent/Guardian Email: _____

Please circle all the days the student is available for team practice (include weekday after school and weekend days):

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Do you know an adult (parent, grandparent, relative, family friend) who is available to volunteer as a team manager? Circle one: YES NO

If yes, please list name, phone number or email for this person: _____

My student _____ has my permission to participate in the North Muskegon Destination Imagination 2011-2012 program.

Parent/Guardian _____ Date _____