

*Please fill out form below and send back to the school by mail, email (dkneifl@esu1.org) or drop off at the office on or before November 28th

Parent: _____ Phone Number: _____

Example:

Child M	Girl or Boy	Age	Size
.			
.			

Child A	Girl or Boy	Age	
*			
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*			
*			

Child B	Girl or Boy	Age	Size
*			
*			
*			
*			

Child C	Girl or Boy	Age	Size
*			
*			
*			
*			

Child D	Girl or Boy	Age	Size
*			
*			
*			
*			

Child E	Girl or Boy	Age	Size
*			
*			
*			
*			

Child F	Girl or Boy	Age	Size
*			
*			
*			
*			

