

Registration Information

Name: _____

Address: _____

Phone: (Cell) _____ (Home) _____

Age: _____ Graduation Year (High School) _____

School: _____

Emergency Contact: _____

Parent/Guardian Signature

Date

**NOTE: Please make checks payable to Marquette Catholic High School
Contact Coach Garletts with any questions: dgarletts@marquette-hs.org**

Return Form and Payment to:
Marquette Catholic High School
Attn: Coach Garletts
306 W. 10th St.
Michigan City IN, 46360