

Blueprint All-Star's

Registration Form

ATHLETES OR DANCERS:

ATHLETES OR DANCERS NAME	DOB AS OF 8/31/17

PARENT/GUARDIAN INFORMATION:

PARENT/GUARDIAN NAME:		
ADDRESS:		
CITY, STATE		ZIP CODE
CELL:	HOME:	WORK:
EMAIL ADDRESS:		

ATHLETES INFORMATION:

First Name:	M.I.	Last Name:
Birthday:		Cell Number if Available:
School Attending:		Grade:

"FAITH OVER FEAR"

Heb 11:1