

Veteran Anglers *Fundraiser* **REGISTRATION FORM**



Name: _____

Age/Grade Category (circle one)

K-2 3-5 6-8 9-12 Adult

E-Mail address: _____

Phone: _____

Amount Enclosed: \$ _____

(Make checks payable to JHS)

Return to 3 point shootout
Jerome Harrison School
c/o your school office



Walk in registrations
WILL be accepted!

3-point Shootout