



Waconia, MN 55387
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We are excited to begin another year of Math Team at St. Joseph School!

<p>Registration Deadline: Tuesday, Sept.12th</p> <p>WHO: 6th – 8th graders</p> <p>COST: \$65 with a t-shirt \$50 with no t-shirt</p> <p>(This covers registration fees, transportation fees, and snack fund.)</p> <p>Make checks PAYABLE to: St. Joseph School</p> <p>Please return completed registration form and payment to the office by Tuesday 9/12/17</p> <p>Questions: Kristi Klawitter middle school math teacher Email: kklawitter@stjosephwaconia.org</p>	<p>Practice: Practice options available: after school TBD and Sunday afternoon. More details about time(s) soon. After school days will be determined with help from student input.</p> <p>Meets: There are a total of five meets. The meets will take place on Mondays starting in October and ending in January. The meets are spaced approximately 3 weeks apart.</p> <p>Reasons to join Math Team: --It can help you broaden your math skills and expose you to different types of problems. --The meets are a fun and unique experience. --We have cool team t-shirts!!</p>
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2017 Math Team Registration Form

Name: _____ Grade: (circle one) 6 / 7 / 8

**You may use your t-shirt from last year.
If you need a t-shirt, please circle the appropriate size.**

T-shirt size (Adult Sizes-circle one): Small Medium Large X-Large

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Please circle which time(s) would generally work for you for practice times. You would need to come to 1 (possibly 2 practices) per week.

- 1) Monday 3:00-4:15 2) Wednesday 3:00-4:15

- 3) Friday 3:00-4:15 4) Sunday early afternoon

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Parent's names: _____

Address: Street _____
 City _____ Zip _____

Home Phone # _____

Mother's Cell # _____ Father's Cell # _____

Mother's Email Address: _____

Father's Email Address: _____

Participant's Email Address: _____

Participant's Signature: _____ Date ____/____/____

Parent Signature: _____ Date ____/____/____

By signing this registration form, we agree to uphold the guidelines listed in the **St. Joseph Catholic School Athletic/Activity Program Handbook.**

By signing this form, I also agree to be a volunteer for the needs of this activity.
(Examples: meet monitor, snack provider at practices/meets, etc.)

Date: _____ Paid Check # _____
 No payment attached Cash _____