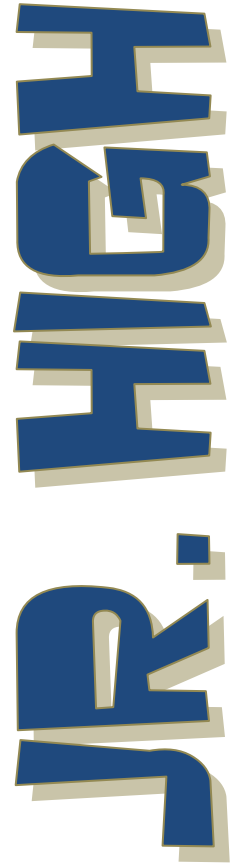


**tell us about you.....**



_____		_____		
last name		first name		
_____	male or female	_____	7 <sup>th</sup> or 8 <sup>th</sup>	____/____/____
school you attend	circle gender	age	circle grade	birthday month/day/yr
_____		_____		
home address		city	state	zip
_____		_____	yes or no	
your home phone		your cell phone	can you receive texts?	
_____		do you facebook? yes or no		
your email address				
_____		_____		
mom's name		dad's name		
_____		_____		
address if different from yours		address if different from yours		
_____		_____		
mom's cell		dad's cell		
_____		_____		
mom's email		dad's email		

**Please Indicate Your Extra Curricular Activities**

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Art          | <input type="checkbox"/> Hockey             | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Band         | <input type="checkbox"/> Martial Arts       | <input type="checkbox"/> Swimming        |
| <input type="checkbox"/> Baseball     | <input type="checkbox"/> Musical Instrument | <input type="checkbox"/> Tennis          |
| <input type="checkbox"/> Basketball   | _____                                       | <input type="checkbox"/> Theatre         |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Orchestra          | <input type="checkbox"/> Track           |
| <input type="checkbox"/> Choir        | <input type="checkbox"/> Photography        | <input type="checkbox"/> Volleyball      |
| <input type="checkbox"/> Color Guard  | <input type="checkbox"/> ROTC               | <input type="checkbox"/> Weight Lifting  |
| <input type="checkbox"/> Computers    | <input type="checkbox"/> Scouts             | <input type="checkbox"/> Yearbook        |
| <input type="checkbox"/> Dance        | <input type="checkbox"/> Soccer             | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> FFA/4H       | <input type="checkbox"/> Softball           | _____                                    |
| <input type="checkbox"/> Football     | <input type="checkbox"/> Special Clubs      | _____                                    |
| <input type="checkbox"/> Golf         | _____                                       |  |
| <input type="checkbox"/> Gymnastics   | <input type="checkbox"/> Speech/Debate      |  |

