



SPURS SPORTS & ENTERTAINMENT EDUCATION PROGRAMS

SIGN-UP FORM

Return by fax to 210-444-5875.

General School Information

Please change any incorrect information.

District: _____

School: _____

Address: _____

City: _____

Zip: _____

Phone: _____

Fax: _____

Principal: _____

Principal Email: _____

Student and Teacher Numbers

This section MUST be completed.

OF STUDENTS:

K _____
 1st _____
 2nd _____
 3rd _____
 4th _____
 5th _____
 6th _____
 7th _____
 8th _____
 9th _____
 10th _____
 11th _____
 12th _____

OF TEACHERS:

K _____
 1st _____
 2nd _____
 3rd _____
 4th _____
 5th _____
 6th _____
 7th _____
 8th _____
 9th _____
 10th _____
 11th _____
 12th _____

Primary Contact

Name: _____

Title: _____

Email: _____

Secondary Contact

Name: _____

Title: _____

Email: _____

PE Contact

Name: _____

Title: _____

Email: _____

Hours of Operation

Tardy Bell: _____ a.m.

Dismissal Bell: _____ p.m.

Submitted by: _____

School ID: <i>Internal Use only</i>
--

<p><i>Thank you for your response. Please return this information by FAX to 210-444-5875.</i></p>
--

