

***9th Grade Confirmation Registration:***

**Registration Check List:**

- \_\_\_\_\_ Registration Card Completed
- \_\_\_\_\_ \$20.00 Registration Fee
- \_\_\_\_\_ Medical Form

*Name:* \_\_\_\_\_

*Parents Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

*Email:* \_\_\_\_\_

*Home Phone Number:* \_\_\_\_\_

*Name of Mentor:* \_\_\_\_\_