

BUNGER ATHLETIC SIGN-UP



Return to the
Registrar's Office

25-26

Name _____

Grade _____

Date _____

Fall #1	Pick (1)
Cross Country	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>
Football	<input type="checkbox"/>

Fall #2
Boys & Girls Soccer <input type="checkbox"/>

Winter #1	Pick (1)
Girls Basketball	<input type="checkbox"/>
Boys Wrestling	<input type="checkbox"/>

Winter #2	Pick (1)
Boys Basketball	<input type="checkbox"/>
Girls Wrestling	<input type="checkbox"/>
Spirit Squad	<input type="checkbox"/>

Spring
Boys & Girls Track & Field <input type="checkbox"/>