

LOFTIS ARCHERY

Name: _____ Grade: _____

Homeroom: _____

Shirt Size: _____

Grades: Teachers please state whether the student is passing or failing and let us know about the student's conduct in your class. Thanks.

<u>Subject</u>	<u>Pass/Fail</u>	<u>Conduct</u>	<u>Teacher</u>	<u>Comments</u>
Math	_____	_____	_____	_____
ELA	_____	_____	_____	_____
Social Studies	_____	_____	_____	_____
Science	_____	_____	_____	_____
RA 1	_____	_____	_____	_____
RA 2	_____	_____	_____	_____

Parent Consent to try-out: _____

Parent First and Last Name: _____

Parent Email: _____

Parent Cell Phone: _____

Return to Coach Mulder No Later than Thursday, October 6th.