

TRACK SIGN UP FORM –August-September

First Name _____ Last Name _____

Please rate your top 3 choices for each week:

1 is your first choice, 2 is your second choice and 3 is your third choice.

WEEK 9/ 5/ 16

___ SOCCER

___ PRINT MAKING

___ READING ROOM

___ ROCKWALL

WEEK 9/ 12/ 16

___ GAGA

___ JUNK ART

___ READING ROOM

___ ARCHERY

WEEK 9/ 19/ 16

___ FLOOR HOCKEY

___ COLLAGE ART

___ READING ROOM

___ AVIATION

WEEK 9/ 26/ 16

___ ULTAMATE FRISBEE

___ READING ROOM

___ STOPM MUSIC

___ SCRAPBOOKING