



OLP SPORTS PROGRAM
CHURCH OF OUR LADY OF PITY
 1616 Richmond Avenue, Staten Island, NY 10314 (718-761-5421)
 Contact: Bob ANDERSON



Phone: 1-347-838-1121; Email: OLPbasketball@yahoo.com

RE-REGISTRATION FORM

NAME: _____ BOY ____ GIRL ____
 ADDRESS: _____ Date of Birth _____
 HOME PHONE: _____ EMAIL: _____
 FATHER'S NAME: _____ PHONE: _____
 MOTHER'S NAME: _____ PHONE: _____
 GUARDIAN'S NAME: _____ PHONE: _____
 FAMILY NAME IF DIFFERENT: _____
 Family Registration or Envelope #: _____
 Grade in School: _____ Grade in CCD: _____
 Name of school: _____

REGISTRATION FEES INFORMATION

Number of Children in Family and are in our Sports Program	Registered Parishioner	Non-Registered Parishioner <i>(Temporarily Registered and/or cancelled)</i>
For ONE Child	\$250.00	\$300.00
For TWO Children	\$225.00/per child	\$275.00/per child
For THREE or more Children	\$200.00/per child	\$250.00/per child

[Make check payable to OUR LADY OF PITY CHURCH. Use only Blue or Black Ink.]

_____ I am returning this Form with **FULL PAYMENT**.

Total Amount: \$ _____ Cash _____ Check _____ Check # _____

Parent's Signature: _____

Received By: _____ **Date Received:** _____