

**VTAHPERD Middle School Fitness Competition
Registration**

School _____

Number of students in your school? 5th/6th _____ **7th/8th** _____

Contact person _____

E-mail address _____

School phone number _____

School address _____

Coach for 5th/6th team _____

Coach for 7th/8th team _____

Volunteers for your school 1. _____

2. _____

***Please include your roster of all 6 athletes for each team.**

***Please include your fee of \$10 per team (maximum \$40) made out to VTAHPERD. (make sure the name of your school is on the check)**

**Please send to: St. Alban Town Educational Center
c/o Rose Bedard
169 So. Main St.
St. Albans VT 05478
mrbedard@satecvt.org**