

**VAHPERD Middle School Fitness Competition  
Registration**

**School** \_\_\_\_\_

**Number of students in your school? 5<sup>th</sup>/6<sup>th</sup>** \_\_\_\_\_ **7<sup>th</sup>/8<sup>th</sup>** \_\_\_\_\_

**Contact person** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**School phone number** \_\_\_\_\_

**School address** \_\_\_\_\_

\_\_\_\_\_

**Coach for 5<sup>th</sup>/6<sup>th</sup> team** \_\_\_\_\_

**Coach for 7<sup>th</sup>/8<sup>th</sup> 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 VAHPERD. (make sure the name of your school is on the check)**

**Please send to: Cinder Thrane**

**Edmunds Middle School**

**275 Main Street**

**Burlington, VT 05401**

**cthrane@bsdvt.org**