

The Creed of Recovery



Fairfield County Project FORT's



TEAM NAME: _____

TEAM CAPTIAN: _____

CONTACT NUMBER: _____

PARTICIPATE NAME		DATE OF BIRTH
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Please return form with fees to: The Creed of Recovery

P.O. Box 243

Sugar Grove, Ohio 43155

All Proceeds go to Berne Union Athletics

Checks/Money Orders payable to: Berne Union Athletic Boosters

For additional information or questions contact Andria at 614-404-6008

Office Use Only:

Entry Fees (Initials): _____ Date Received: _____