

Oak Speech Team Information Form

To be returned at the **FIRST PRACTICE**

(do not return to the Main Office)

Name _____ is interested in being a member of the

Speech Team for the 2016 – 2017 school year. **Grade and team** _____

Address _____

Phone, both home and cell _____

E-mail (please PRINT carefully!!!) _____

Parent name(s) _____

Parent signature _____