

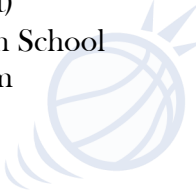


Lil' Wranglers 2021

Lil' Wranglers will get a chance to warm-up with the SHS boys or girls team during the half time of boys and girls varsity basketball games. Each player will leave with a free t-shirt!! Lil' Wrangler boys will practice with the boys team during the girls half time, and the Lil' Wrangler girls will warm-up with the girls team during the boys half time

Offered by:
Shoshoni Recreation District
#24

DATES: Thursday, December 16th
TIME: TBA (we will call with information when we receive it)
LOCATION: Shoshoni High School Gymnasium
GRADES: K-6th
COST: \$5.00



Registration Information

- **DEADLINE:** Thursday, December 9th
****If you want to be guaranteed a T-Shirt****
- Send Registration to:
 PO BOX 356
 Shoshoni, WY 82649
- Bring it to the SRD Office located at 97 S. Maple in Shoshoni.
- Or give it to your teacher to put in the SRD box in the Elementary Office.



Clean gym shoes are mandatory!



Shoshoni Recreation District #24 Registration
Phone #: (307)876-2663 **Phone#:** (307) 876-2572
Email: rec24@wyoming.com **Website:** www.srd24.com
Mailing Address: PO Box 356, Shoshoni, WY 82649
Physical Address: 97 S. Maple, Shoshoni WY

Please either bring this form or mail it to the SRD Office.
 SRD is not responsible for fees/registrations not turned directly in to the SRD Office.

PLEASE PRINT AND WRITE CLEARLY.

Participant's Name: _____ Age: _____ Grade: _____ Sex: M/F
First Last MI

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First Last MI

Participant's Name: _____ Age: _____ Grade: _____ Sex: M/F
First Last MI

Participant's Name: _____ Age: _____ Grade: _____ Sex: M/F
First Last MI

Parent's/Guardian's Name: _____
First Last MI

Mailing Address: _____
PO Box/Street Address City State Zip

Phone #'s: _____
Home Cell Work

Emergency Contact: (not you) _____
Name Phone #

Please indicate participant's shirt size:
 Youth: ___SM(6-8) ___M(10-12) ___L(14-16)

I hereby release the SRD #24, FCSD #24, and staff/volunteers associated with these organizations from any liability while participating in **Lil' Wranglers**. I further give permission for my child to be treated medically if my emergency contact or I cannot be reached. I also understand that I will assume the cost of treatment.

Signature: _____ Date: _____

Your child's picture may be taken while participating in SRD events and used in our publications. If you do not want your child's picture taken it is your responsibility to notify SRD staff of this.

OFFICE ONLY: Payment type(\$5.00): Cash _____ Check _____