SHRINE MAPLE SUGAR BOWL

CONSENT OF PLAYER

I, University and to play i	, hereby agree to participate in the training period at Castleton n the Shrine Maple Sugar Bowl Game which will be held at Dave Wolk Stadium.
I fully understand that I	must complete all my high school requirements and graduate with my class. I also agree and regulations to be established by the Head Coach and Team Advisor.
	nd that I may be deemed ineligible to represent my State if, at any time, my conduct is te. The respective Head Coach and the Shrine General Chairman will determine this.
DATE:	SIGNED:
	(Player)
	CONSENT OF PARENT OR GUARDIAN
Dave Wolk Stadium, C	rdian(s) acknowledge the above provisions concerning my (our) son's or ward's
DATE:	SIGNED:
	SIGNED: (Parent or Guardian)
	EMAIL INFORMATION
	nt and parents in a timely manner and to save paper, please provide us with the email you are most likely to check on a regular basis. If you prefer to receive correspondence advise us.
Name	Email
Name	Email
I (we) prefer to receive	correspondence by mail

PLAYER'S PARAGRAPH

Please type in a word document using Times New Roman 12 Pt. font a paragraph expressing how you felt when you learned you would be playing in the 67th Annual Shrine Maple Sugar Bowl Game. Limit your paragraph to 125 words maximum. This paragraph will be printed in the Game Day Program. Please email your word document once completed to nhvtshrinebowl@gmail.com or submit along with completed paperwork prior to the Introductory Meeting in March.

FUTURE PLANS

Please let us know what your future plans are once you have finished your high school career. Will you be heading to prep school or college, military, work or even volunteering in some remote country? This, too, will also be included in the Game Day Program. We realize you may not have made your final decision at this time, but we would like to receive this information as quickly as possible.