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**Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Teacher Name and Room #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please return form by September 16th**

**Please make checks payable to Castlemont HSC**

**Questions about apparel please contact Maren Buchanan at marenbuchanan@gmail.com**