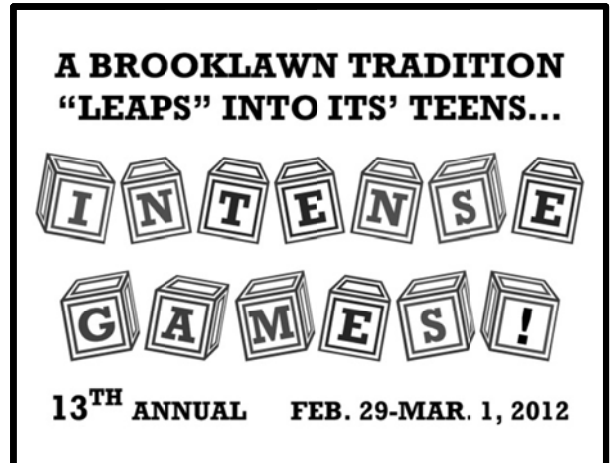


It's time to have fun again – don't miss out on your chance this year!

YOU HAVEN'T REALLY
EXPERIENCED
BROOKLAWN UNTIL
YOU'VE BEEN PART OF
B.I.G. NIGHT!



STUDENT REGISTRATION: Please return this form to Mr. Miller in B-16 by **Thursday February 2.**

NAME _____ GRADE: _____ HOMEROOM: _____

E-MAIL _____ @ PTHSD.NET (no personal e-mail allowed)

You will be required to attend one **PRACTICE**, where you will see and try each of the events, and one **B.I.G. NIGHT**, where you will compete against other student teams. There will also be Adult and Alumni teams that will compete against each other. Check below which pair of nights you can attend:

PRACTICE (6:30-9:30)			B.I.G. NIGHT (6:00-10:00)		
Monday	February 27	and	Wednesday	February 29	_____
Tuesday	February 28	and	Thursday	March 1	_____
You can choose for me – I can attend either pair of nights! _____					

*I give permission for my child named above to participate in Brooklawn's Intense Games on the dates specified above. I certify that my child is **physically eligible** to dress for and currently participating in Physical Education class. Please note that all registration will be on a first come, first serve basis. Finally, I also hereby give my written permission to use **photographs** and **video footage** that may include my child's image and/or name in the annual B.I.G. Night DVD Video.*

Parent Signature: _____ Date: _____ - _____ - _____

Please CHECK HERE only if you would like to be a PARENTS' TEAM COMPETITOR

Parent Name(s): _____ Phone: (_____) _____ - _____

Please CHECK HERE only if you would like to be a PARENT JUDGE/TIMER/VOLUNTEER

Parent Name(s): _____ Phone: (_____) _____ - _____