



Bluffton Bucs Registration Form

Print this form and send it with your check to: Bluffton Bucs 116

116 Thurman St Bluffton OH 45817

Contact Zac Kohli 419 306-2818 or Mitch Geisgie 419 204-7291

Blufftonbucs1@gmail.com

Name of Participant _____ Age _____

Name of parents _____

Address _____

City _____ State _____ Zip Contact _____

information _____

Email _____

Any medical condition _____

Total Enclosed \$ 75.00

(Checks payable to Bluffton Bucs)

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