



Bluffton Bucs Registration Form



Contact Zac Kohli 419-306-2818 or Mitch Geisgie 419-204-7291
blufftonbucs1@gmail.com

Name of Participant _____

Participant Date of Birth _____ 2019-2020 Grade _____

Name of Parents _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email _____

Any medical conditions _____

Registration fee of \$75
Make checks payable to Bluffton Bucs

Send completed form and check to:
Bluffton Bucs
158 S Jackson St
Bluffton OH 45817



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