



## **CASTLE FOOTBALL PARENTS CLUB**

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Name: \_\_\_\_\_

Players Name (if applicable/different from above): \_\_\_\_\_

Class of \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Email: \_\_\_\_\_

☐ Check

\$ \_\_\_\_\_

Please return to:

CFPC—Field Sign  
PO Box 161  
Newburgh, IN 47630