



Name: _____ Email: _____

What health field(s) are you interested in? _____

I want to compete in the events (\$25 fee)

I just want to attend club meetings and not compete (\$10 fee)

*\$25 fee includes \$15 State/National Membership Fee + \$10 Club Fee
All money is due by Nov 12th to Mr. Shepard
(Checks payable to: Battlefield High School/ Memo: HOSA Club Fee)*



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