2024 Contig Participants

School Name:					
Contact Persor	າ:	Phone # (if not same):			
Chaperone(s):					
		(Should stay ach student's Fi ssigned by our o		st Name in the	appropriate
4 th Grade	Seat	5 th Grade	Seat	6 th Grade	Seat
EX: John Smith					
Alternate(s):					
Return this comp	oleted form	by one of the fo	llowing me	thods by <u>April 1(</u>) <u>, 2024:</u>
School mail, US	Mail, or em	ail:			
Jewel Grady contig@roe39.or	g				

NO names will be taken over the phone.

Macon-Piatt ROE 3433 Rupp Parkway

jgrady@dps61.org

Decatur, IL 62526

Please do not fax this form as we are on a tight budget. Thank you.