

Medley Relay Challenge  
Co-Ed Invitational  
Friday, April 20, 2012

School Name \_\_\_\_\_

Coach's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Please check one:

\_\_\_\_\_ Yes, we will participate in the Medley Relay Challenge

\_\_\_\_\_ No, we won't be participating, but keep us on the mail list

\_\_\_\_\_ No, we won't be participating, please remove from mail list

Please mail intention sheet with proper payment to:

Niskayuna HS  
Jason DeRocco  
1626 Balltown Road  
Niskayuna, NY 12309

EMAIL: [jderocco@niskyschools.org](mailto:jderocco@niskyschools.org)

**PLEASE MAIL OR E-MAIL THIS FORM WITH PROPER PAYMENT BY  
APRIL 11, 2012.**