

**ST PATRICK  
VAN ANDEL ARENA  
REGISTRATION FORM**

Name

Address

City

Zip

Phone Number

**DIRECT MY VAN ANDEL EARNINGS (Check One)**

Personal Tuition Account

School

REP

Other Tuition Account

Family Name \_\_\_\_\_

Debt Reduction

Educational Endowment Fund

West Catholic High School

Central Catholic High School

I have read, understand, and will comply with Van Andel/SMG program policies and procedures.

Signature \_\_\_\_\_

Date \_\_\_\_\_