



STUDENT ATHLETIC PROTECTION, INC.

SCHOOL: _____

ADDRESS: _____

PRINCIPAL: _____

September 2nd Enrollment (PK - Gr. 8) _____

Religious Ed. students who participate in
School's CYO Sports program
(ex. practice & play games in your gym) _____

PREMIUM: (**\$3.60** Per Student) _____

PLEASE MAKE ALL CHECKS PAYABLE TO: **DIOCESE OF GARY**

Send Premium to Schools Office before September 9, 2011

Note: No student claims can be paid until premiums from ALL the schools are received by Student Athletic Protection, Inc.