



Referral Coupon

Please return this form with your registration.

Name of Referred Family: _____

Child's Name: _____

Jacket Size: (please circle)

Youth XS | S | M | L

Adult S | M | L | XL

Child's Name: _____

Jacket Size: (please circle)

Youth XS | S | M | L

Adult S | M | L | XL

Child's Name: _____

Jacket Size: (please circle)

Youth XS | S | M | L

Adult S | M | L | XL

Name of HCCS Family that Referred You: _____

Welcome to Holy Cross Catholic School

We are so glad you are here!



FOREVER KNIGHTS
Holy Cross Catholic
A Leader in Me™ School