

Stroke and Speed Camp Registration Forms

Please complete ONE Application per Child

Name of Child: First _____ Last _____

Year in School: _____ Date of Birth: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip _____

Parent/Guardian: First _____ Last _____

Home Phone: _____

Cell Phone: _____

Additional Emergency Contact:

First Name _____ Last Name: _____

Relationship: _____

Payment:

\$25.00 per swimmers

Signature: _____ Date: _____

Official Use Only Check total: _____ Check Number: _____ Cash Total: _____