

SUBURBAN AQUATICE CLUB 2008 SWIM TEAM REGISTRATION

Name of Parent(s)/Guardian(s): _____

Address: _____ City _____ Zip _____

Telephone: _____ Email: _____

Child's Name Date of Birth MM/DD/YY Age (as of May 31, 2008)

1. _____

2. _____

3. _____

4. _____

5. _____

Registration Fee: \$35 per child / \$70 for 2 / \$80 for 3 or more (family)

Signature of Parent/Guardian _____

Amount Paid: _____

Date Received: _____

Received by: _____

I (name) _____ am interested in volunteering for: **(check top 3 choices)**

- | | | | |
|--|------------------------------------|---|---|
| <input type="checkbox"/> Stroke & Turn | <input type="checkbox"/> Timer | <input type="checkbox"/> Clerk of Course | <input type="checkbox"/> Ribbon Writer |
| <input type="checkbox"/> Sweep Judge | <input type="checkbox"/> SwimATHon | <input type="checkbox"/> End of Year Picnic | <input type="checkbox"/> Snack Bar |
| <input type="checkbox"/> Team Pictures | <input type="checkbox"/> Camp Out | <input type="checkbox"/> Awards/Gifts | <input type="checkbox"/> Divisional Tshirts |

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