



SUBURBAN AQUATICE CLUB 2010 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, 2010)

1. _____ DOB _____ Age _____

2. _____ DOB _____ Age _____

3. _____ DOB _____ Age _____

4. _____ DOB _____ Age _____

5. _____ DOB _____ Age _____

Registration Fee: \$45 per child / \$80 for 2 / \$100 for 3 or more (family)

Signature of Parent/Guardian _____

Volunteer Information:

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 |

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 |
-

If paying by check, make payable to SAC Swim Team

Registration Forms and Payments can be mailed to:

Eric Peterson
5411 Lakeford Lane
Bowie MD 20720