

STROKE



CLINIC

A PRE-SEASON CLINIC FOR ANY SUMMER LEAGUE SWIMMER

HOUSEHOLD INFORMATION

PARENT/GUARDIAN NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

EMAIL ADDRESS _____

PHONE _____

EMERGENCY CONTACT

NAME _____

PHONE _____

SWIMMER INFORMATION

Cost of the clinic is **\$110** for the first swimmer, and then **\$90** for each addition swimmer.
Each swimmer will receive a t-shirt. Please select the correct size for each swimmer.

SWIMMER 1

NAME _____ AGE _____ YM YL AS AM AL AXL

SWIMMER 2

NAME _____ AGE _____ YM YL AS AM AL AXL

SWIMMER 3

NAME _____ AGE _____ YM YL AS AM AL AXL

AMOUNT DUE

\$ _____

FOR OFFICE ONLY

Amount Due _____ Amount Paid _____

Date Paid _____ Check # _____