



NEWBURGH SHARKS, INC.

SUMMER 2009 MINNOWS

REGISTRATION FORM

Name: _____ Middle Initial: _____ Sex: M F

Date of Birth: _____

Address: _____

Town: _____ Zip : _____

Parent's Name(s): _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact Person: _____

Emergency Contact Phone # _____

| | |
|--|---------------------------------|
| <u>Practice Time: 5:30-6:15pm</u> | |
| <u>Dates:</u> | |
| Tuesday, June 2 nd | Thursday, June 4 th |
| Tuesday, June 9 th | |
| Tuesday, June 16 th | Thursday, June 18 th |
| Tuesday, June 23 rd | |
| Tuesday, June 30 th | Thursday, July 2 nd |
| Tuesday, July 7 th | Thursday, July 9 th |
| Cost: \$155.00 (for non USA Swimming members) | |
| \$100 (for current USA Swimming members) | |
| The total registration fee is due upon registration. | |

Parent Signature _____

Date _____