



MINNOWS

FALL 2008 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 # _____

Contact Email: _____

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Practice Dates:	
Wed. Sept. 17, 5:30-6:30pm	Sat. Sept. 20, 10:00-11:00am
Wed. Sept. 24, 5:30-6:30pm	Sat. Sept. 27, 10:00-11:00am
Wed. Oct. 1, 5:30-6:30pm	Sat. Oct. 4, 10:00-11:00am
Wed. Oct. 8, 5:30-6:30pm	Sat. Oct. 11, 10:00-11:00am
Wed. Oct. 15, 5:30-6:30pm	
Registration Fee:	
\$154.00	
Includes Membership to USA Swimming	
The total registration fee is due upon registration.	

Parent Signature _____

Date _____