## **Team Genesis/LOVE Swimming**

## **A Sports Ministry of Trinity Fellowship Church**

## 2025-2026 Dive Technique Clinic Registration and Sign-Up Form

Oate Received:	2025-20	26 Dive Technique Swim Clinic	c Swimm	er Informatio	n:
Name:					
Sign-up Date:	Age:	Grade in School/College:		DOB:	Gender:
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Parant Information:	Membership Level: Membership Level: Father:				
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	Home Phone:				
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full Payment is required You can also pay for you Cmail this form to prog	d for all I ur Clinic rams@lo	yment - Trinity Fellowship & n Dive Clinics 7 days in advance. on-line at shop.loveswimming.oveswimming.org or fax this for	org or	Attn: Dive To 8144	enowsnip Sports echnique Swim Clin Terre Bleue Dr. rre, Missouri 63628
73-358-7727 with paym	ent inforn	nation listed below:			
Billing Information:					
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