2019 Treehaven Swim Team Sign-Up Form

Please PRINT all information

Swimmer Information:			
Last Name:			
First Name:			
Male/Female (circle one) Date of Birth:		Age as of <u>June 1st</u> :	
Shirt Size: (Be sure to put Y	for Youth or A for	• Adult in front of S-M-L-X	(L)
Please check meets you know you w	vill miss:		
Tues., July 9 Thurs., July 11	Tues., July 16	Thurs., July 18	Tues., July 23
Checks Payat	ole to: Treeho	ven Swim Club	
Cost: \$25/swimmer			
(**Please help support the team by parti	cipating in our a	dditional fundraisers! ⁻	TBD)
Additional Options:			
Competition Suit		<u>Team Picture</u>	
(Circle one)		\$5/picture	
Boys: \$20	Qu	antity	
Girls: \$28	Total Paid	·	
Size:	101αι Γαια		
Cash: Check: Check #:	Total /	Amount Paid:	
Contact Information:			
Swimmers Name:			
Mom's Name:	Cell: _		*
Dad's Name:	Cell: _		*
Fmail:			

*Please check phone number on which you would like to receive notifications