

ACB SWIM TEAM

REGISTRATION FORM

FALL 2010

Please **PRINT** the following information:

Today's Date _____
 Child's name _____ Parent(s) name _____
 Address: _____ City _____ Zip _____
 DOB: _____ Age _____ Phone _____
 Parents' cell phone numbers during practice (for emergencies)
 Mom _____ Dad _____
 Where will parents be during practice? _____
 Please indicate swimmer's swimming ability _____

EMAIL ADDRESS (PRINT) _____
 Email address is for swim team newsletters.

Payment Guidelines: Are you a member of ACB? Yes _____ No _____

Would you like your ACB account billed? Yes _____ Account # _____
 If you are NOT charging, payment is due upon registration.
 Checks are payable to: ACB.

↙ We need account number, please.

3:30 to 4:30 p.m. Monday through Thursday - advanced swimmers
 4:30 to 5:30 p.m. Monday through Thursday - beginning and intermediate swimmers

Note: Please be sure all swimmers know side breathing.

<u>Members</u>		<u>Non-Members</u>	
Sept. 20 - Nov. 30	\$170.00 _____	Sept. 20 - Nov. 30	\$200.00 _____
Sept. 20 - Sept. 30	\$35.00 _____	Sept. 20 - Sept. 30	\$45.00 _____
Oct. 4 - Oct. 28	\$75.00 _____	Oct. 4 - Oct. 28	\$85.00 _____
Nov. 1 - Nov. 30	\$75.00 _____	Nov. 1 - Nov. 30	\$85.00 _____