2009-2010 Fall /Winter Anderson Sea Wolves Swim Team Registration Form

Weekly Emails will be sent throughout the season for updates and swim schedule changes.
Can we add your name to our team roster to be distributed to the team? ____yes ____no

	First Name	M.I.	Last Name	Birth Date	Age
Children's Info:	_____	____	_____	_____	____
	_____	___	_____	_____	____
	_____	____	_____	_____	____

Parent's Names (Please Print): _____

Home Phone No.: _____ **Office Phone No.:** _____

Cell Phone No.: _____ **Email Address:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

TO BE COMPLETED BY HEALTHPLEX STAFF ONLY:

Please put how many of each age group/program you are choosing and total up the amount.

Group	Member Price	Non-Member Price
Part-time High School	**$420** _____	**$580** _____
Blue	**$570** _____	**$860**_____
Black	**$630** _____	**$940** _____
Bronze	**$670**_____	**$1010**_____
Silver	**$710** _____	**$1070** _____
Gold	**$760** _____	**$1140** _____

Total amount must be paid in full at the time of registration.
Please have the ability for coaches to Charge to Account or to Credit Card for Swim Meet fees.

_____Check if Multiple Child Discount FOR MEMBERS ONLY (10% off the youngest child(ren) of same family)

Total Paid _____

____Cash
____Check
____Credit Card(MasterCard/Visa)
Name that appears on card:_____
Account#_____**Expiration Date:**_____
____CTA (Charge Membership Acct) Account #_____

When completed, the staff should turn this completed form into Aaron's Mailbox. This form should not be turned in without payment.