



**2009-2010 Fall /Winter Fairfield 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	\$390 _____	\$550 _____
Blue	\$540 _____	\$830 _____
Black	\$600 _____	\$890 _____
Silver	\$680 _____	\$1040 _____
Gold	\$730 _____	\$1110 _____

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.

