

COLONY SWIM TEAM

SWIM MEET COMMITMENT FORM

PLEASE RETURN TO THE COACHES NO LATER THAN MONDAY, JUNE 21st

**** ONE SWIMMER PER FORM PLEASE!!****

(Please check appropriate column)

<u>MEET DATES</u>	<u>I WILL SWIM</u>	<u>I CAN'T SWIM</u>
THURS. JUNE 24 th (at B.H.)	_____	_____
TUES. JUNE 29 th (at N.B.)	_____	_____
THURS. JULY 8 th (home N.V.)	_____	_____
TUES. JULY 13 th (home F.F.)	_____	_____
THURS. JULY 15 th (home B.H.)	_____	_____
TUES. JULY 20 th (at N.V.)	_____	_____
TUES. JULY 27 th (home N.B.)	_____	_____
THURS. JULY 29 th (at F.F.)	_____	_____
CHAMP. MEET SUNDAY AUGUST 1ST At Livonia Rec Ctr (Northville host)	_____	_____

(Please be sure to mark your calendar with the above dates)

IF MY SCHEDULE CHANGES, I WILL NOTIFY THE COACHES AT LEAST TWO DAYS BEFORE A DUAL MEET AND/OR BY JULY 15th FOR THE CHAMPIONSHIP MEET. IF I AM SICK ON THE DAY OF A MEET, I WILL CALL MRS. N. BY 10:00a.m.

SWIMMER'S NAME _____
(ONLY ONE SWIMMER PER FORM PLEASE!)

AGE ON 5-31 _____ Birth date _____

HOME PHONE _____ Email _____