

Membership # _____

COLONY SWIM TEAM
2011 REGISTRATION FORM

(PLEASE PRINT AND MAIL REGISTRATION FORM ALONG WITH FEE TO ADDRESS BELOW):

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>AGE ON 5-31</u>	<u>Birth Date</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parent Information:

Father _____ Cell _____ Email _____

Mother _____ Cell _____ Email _____

Home Phone _____

PLEASE MAIL* TO ARRIVE NO LATER THAN APRIL 15TH TO:

Robin Maslyk
7390 Chesterfield Dr. E
Canton, MI 48187

PLEASE INCLUDE YOUR TEAM FEE WITH THE REGISTRATION FORM.

\$30 per swimmer with a family max. of \$100

CHECK # _____ #OF SWIMMERS _____ X \$30.00 = _____

***Registration and Merchandise Order forms should be mailed in one envelope
(PLEASE WRITE SEPARATE CHECKS FOR TEAM FEE & MERCHANDISE ORDERS).
MAKE CHECKS PAYABLE TO COLONY SWIM CLUB**