



Please complete all sections - your child will not compete in any meets without this form completed and payment made.

Seven Oaks Swim Team Swimmer/Parent Information

Swimmers:

_____	_____	_____	\$50.00
Name	sex (M/F)	Date of Birth (mm/dd/yy)	
_____	_____	_____	\$30.00
Name	sex (M/F)	Date of Birth (mm/dd/yy)	
_____	_____	_____	\$30.00
Name	sex (M/F)	Date of Birth (mm/dd/yy)	
_____	_____	_____	\$30.00
Name	sex (M/F)	Date of Birth (mm/dd/yy)	
_____	_____	_____	\$30.00
Name	sex (M/F)	Date of Birth (mm/dd/yy)	
			TOTAL = _____

Address: _____ Phone #: _____

Mother's Name: _____ Father's Name: _____

E-mail _____

*Swim Team Fee \$50.00 for first swimmer,
\$30.00 for each additional swimmer in family*

Make checks payable to Seven Oaks

