

AQUATICS

Agency / School: _____

Contact: _____

Phone: _____ Fax: _____

Name (Last, First)	M / F	Date of Birth	25m FLO	25m FREE	25m BACK	25m BREAST	50m FREE	50m BACK

Please note: All information must be completed for each athlete participating. In keeping with fairness in competition, no substitutions will be permitted after registration is submitted. (For divisioning purposes)

Athletes can participate in 2 events only. If necessary, age groups and gender will be combined to create proper divisions.