SWIM-A-SONG

TEAM NAME:_____

_____ _____ _____ _____

LAST NAME FIRST NAME AGE GENDER

_____ _____

STREET ADDRESS PHONE NUMBER

	NAME	ADDRESS	CITY	STATE	ZIP	PHONE	PLEDGE PER LENGTH	TOTAL AMT PLEDGED
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

*Please make checks payable to JV Swim Team

Total Amount Pledged: $_____ Amount Enclosed: $_____ Balance Due: $_____

Lengths Completed _____ Validated By _____

_____ _____

Swimmer's Signature Parent/Guardian Signature

***All forms and money are due Friday, June 17th**