

**Valleybrook Gators
SWIM TEAM REGISTRATION FORM**

NAME*(incl M.I.)

AGE (As of June 1)

*** BIRTHDATE**

PARENTS/GUARDIANS _____

ADDRESS: _____

TELEPHONE: _____ **CELL-** _____

E-MAIL: _____

COST \$95.00 –First Swimmer
 \$55.00- Second Swimmer
 \$180.00- Family

******PLEASE NOTE THAT THERE ARE
NO REFUNDS IF YOU OR YOUR CHILD
DECIDE NOT TO PARTICIPATE**

CHECKS must be made payable to: Valleybrook Gators Swim Team