



PALMETTO SWIM TEAM APPLICATION

FEE: _____ DATE REC: _____

CHECK NUMBER: _____ AMOUNT OF CHECK _____

RECEIVED BY: _____

CHILDS NAME: _____ DOB _____

CHILDS NAME: _____ DOB _____

ADDRESS _____

PARENTS NAME: _____

HOME PHONE: _____

EMERGENCY CONTACT _____ NO _____

SIGNATURE _____

SWIM SUITE FEE MUST BE PAID WHEN SIGNING UP