

IRVINGTON CLUB 2017 SWIM TEAM

Swimmer Information Sheet

Name: _____ Birthdate: 00/00/0000 _____

(Only necessary for non-members, or if your contact information has recently changed)

Parents/ Guardian name: _____

Email Address: (please print clearly) _____

Phone number: _____ Cell: _____

Swimmer's Team Level: (Circle one) Pre-Swim Beg Int Adv/HS

T-shirt size: (please circle your size)

Youth Sm Youth Med Youth L

Adult Sm Adult Med Adult L Adult XL

Meet Participation availability:

Meet Date (Saturdays 8:00-1:00)	YES	NO	Don't know
July 8th			
July 15th			
July 22nd			
July 29th			
August 12 th CHAMPIONSHIP			

Please be aware of our new Cancellation Policy

- Cancellations must be made 15 days or more in advance of the start date for a FULL refund.
- Cancellations must be made between 8 & 14 days in advance of the start date to receive a 50% refund.
- Cancellations made less than 8 days of the start date will not be refunded.

Total Due _____ Account charged _____ Cash _____ Check # _____ Initials _____
Date _____

Date In CA _____ Initials _____