## 2024 NEWBURGH SHARKS SWIM TEAM REGISTRATION FORM Swim Team fee is \$60 per swimmer/\$175 Family Max

<b>Swimmer</b> (1):		Birth Date:	M or F	
Name Last	First			
Special health concerns/allergies:				
Swimmer (2):		Birth Date:	M or F	
Swimmer (2): Name Last	First	Bitti Bute		
Special health concerns/allergies:			<del> </del>	
G : (2)		D' 4 D 4	M E	
Swimmer (3): Last	First	Birth Date:	M or F	
Special health concerns/allergies:				
<u></u>				
Swimmer (4): Name Last		Birth Date:	M or F	
Special health concerns/allergies:				
New to swim team Year	s on Team			
D. D. WG. P. M.				
Primary Parent/Guardian Name: _				
Home phone				
Cell phone				
Email addraga				
Email address:				
Secondary Contact Name:				
Home phone				
Cell phone				
F				
Parent signature		 Member	Membership #	
- ··· · · · · · · · · · · · · · · · · ·			~ <b>F</b>	
TOTAL REGISTRATION FEES		(make checks p	ayable to Newburgh Swin	
TOTAL REGISTRATION FEES _ Club) Cash	Check number			
(\$60 per swimmer/\$175 Family Max)				
D	1. *******		641	
Deposit for Volunteering \$75.00 che shifts are completed.	еск Will be	e refunded at the end o	i the season when 2	
sums are completed.				