

**Dells Dolphins Swim Team - 2018 Registration Form**Return to Cynthia Ewig - cynthiaewig@yahoo.com, Cell: 608-963-5715
1/2 Price to NEW swimmers

<u>20</u>	<u> 118 Season - Spring</u>	<u>g and Summe</u>	e <b>r</b> (two separa	<u>ite options - su</u>	<u>mmer is require</u>	ed to compete in meets) must a	<u>ittend at least th</u>	ree meets	
Spring Swim 4/8-6/1	circle option	refer to pra				Summer Swim - June 4 th	rough July 27		
a) 1 day /week - \$60	b) 2 plus/week - \$110 (1/2 to a r			w swimmer)		\$30 - 1 swimmer (1/2 to a new swimmer) - \$50 - 2 swimmer \$75 - 3 swimmers, \$100 - 4 swimmers (if any new half prices)			
\$13.50 Team Cap available	e								
Swimmer Name (Last,	First, MI)	<u>DOB</u>	Age as of 6/1/18	<u>Gender</u>	Team Cap	(also write which days, in general, you will attend)	Spring \$	Summer \$	Total Swimmer Cost
For Office Use Only:	Paid			Date			oncessions Fe	Subtotal e (per family)	\$ 40.00
·		-						AL COST	·
							101		
	Mother/Guardian	ı		Father/Guar	rdian	Emergency	Contact		
Relationship to Swimmer	:								
City, State, ZIF								_	
	:			-		_		_	
	:							_	
	: :								
						onsin Dells school district or do y	our swimmers a	ttend school in th	e district?
Signature of Parent or Gua	rdian	Date				Y / N If no, you mi	ist complete a v	waiver form	