Return this form and payment to: Princeton Piranhas Swim Team- 1156 Old York Road, Hightstown, NJ 08520

2010 Spring Lesson and Stroke School Registration Form

** PLEASE PRINT CLEARLY

Last Name: _____

Parent 1: _____

Name Email Cell Number

Parent 2: _____

Name Email Cell Number

Home Address: _____

Street Address

_____

City State Zip

Home Phone: _____

Swimmer's Information:

1 _____

Name Age Date of Birth Sex Group Session

Any medical conditions or other information we should be aware of:

_____

2 _____

Name Age Date of Birth Sex Group Session

Any medical conditions or other information we should be aware of:

_____

3 _____

Name Age Date of Birth Sex Group Session

Any medical conditions or other information we should be aware of:

_____

Emergency Contact Information: _____

Name Number Relationship

For Office Use:

	Group	Session
1		
2		
3		

Payment Information: _____

Method Amount