

2019 Lansdowne Swim Team

Please complete this form and return with payment to the PO Box 202, or Tara by **June 19, 2019**. If dues are not paid by June 19th, your child will unfortunately not participate in a meet. This form will be used for name on awards and all communications so please make sure you write what you would like on their medal. Also on the back of the paper please list any medical conditions that your child may have.

Fees: Swimmer \$50.00 each Family Cap \$125.00

Please make check payable to: Lansdowne Swim Team

Child's Name	Date of Birth	T shirt size
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent or Guardian Names: _____

Address: _____

Home Number _____

Mom's Cell Number _____

Dad's Cell Number _____

E mails: (M) _____

 (D) _____

We will ask each family to volunteer at 5 swim team events throughout the summer. Please let me know if you have any questions. Looking forward to coaching your child. Thank you.