

WGST WINTER SWIM REGISTRATION FORM

Swimmer's Last Name	First Name	DOB	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Swimmer's Address	City	State	Zip
_____	_____	_____	_____

Home Phone	Cell Phone	Summer Swim Team
_____	_____	_____

Mother's Name	Work #	Father's Name	Work #
_____	_____	_____	_____

Emergency Contact	Relationship	Emergency Phone #
_____	_____	_____

E-mail Address:

Physical limitations (please specify per swimmer)

Please fill out form clearly and completely and return with a check payable to Woodley Gardens Swim Team (WGST). Checks WITH Completed forms can be mailed to:
Jennifer Jones
800 Crocus Drive
Rockville, Maryland 20850

NO REFUNDS AFTER OCTOBER 21, 2010

