Registration Form
Friends, Fitness and Fun
May 3 - 26, 2010

P.O. Box 2066, Santa Clara, CA 95055
Phone: (408) 930-4303 info@aquamaids.us

Athlete's name_____
First MI Last
Mailing Address _____
Street City State Zip Code
Home Phone (___)_____Alternate Phone (___)_____
Family Email _____Birth date _____
Parent Information:
Father's Name _____Phone: Home (___)_____Business(__)_____
Address_____
Street City State Zip Code
Mother's Name _____Phone: Home (___)_____Business (___)_____
Address_____
Street City State Zip Code
Returning Family? Yes _____ No _____ (If Yes, when did athlete participate in our program? _____

How did you hear about our Friends, Fitness, and Fun Swim Program?

Date	Day	Time	Duration	Fee
May 3 - 26	M, W	4-6pm	4 weeks	$200
May 3 - 24	M **only**	4-6pm	4 weeks	$100
May 5 - 26	W **only**	4-6pm	4 weeks	$100

Location: Los Gatos High School Pool, entrance off Brooklyn Ave, Los Gatos

Please return completed registration form with check or credit card authorization to:
Santa Clara Aquamaids *(or **bring to the pool on your first day**)*
Friends, Fitness, and Fun
P.O. Box 2066
Santa Clara, CA 95055-2066

Checks made payable to: **Santa Clara Aquamaids**

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Receipt available upon request Santa Clara Aquamaids Synchronized Swimming Club, Inc., Tax Exempt, 501(c)3, CA Non-Profit Corp. #94-1585794

For office use only: ___CC Form OR Ck #_____, Date _____, Amt $ _____