Registration Form **Summer Sessions**

2008 "Synch" into Summer
June 16th –July 24th

P.O. Box 2066, Santa Clara, CA 95055
Phone: (408) 988-9936
info@aquamaids.us

Athlete's name____
First MI Last Name Preferred

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? _________________________

How were you directed to our website? ____

Start/End Date	Day	Time	Duration	Price	Food
June 16th - July 24th	Monday Tuesday Wednesday Thursday	8am-12 noon	6 weeks long	$495	snacks provided

Location: Adult Education Center pool -1840 Benton St. in Santa Clara (between Scott & Lincoln)

Please return completed registration form with check to:

Santa Clara Aquamaids
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__