Registration Form **Winter/Spring Sessions**

2008 Friends, Fitness and Fun

Jan 8th-Jan 31st, Feb 5th-Feb 28th, Mar 4th-Mar 27th, Apr 1st-Apr 24th, May 6th-May 29th

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? ____

Date	Day	Time		Duration	Fee
Jan 08 – Jan 31	TTH	4-6pm	_____________	4 weeks	$160
Feb 05 – Feb 28	TTH	4-6pm	_____________	4 weeks	$160
Mar 04 – Mar 27	TTH	4-6pm	_____________	4 weeks	$160
Apr 01 – Apr 24	TTH	4-6pm	_____________	4 weeks	$160
May 06 - May 29	TTH	4-6pm	_____________	4 weeks	$160

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