RECREATION SWIM TEAM REGISTRATION

Parents Name:						
Address:				_ City:		
Home Phone Number:		Work Phone & Contact Name:				
Reside in: City of Cedarburg (\$85)		Non-Resident – <u>TOWN INCLUDED</u> (\$105)				
	Participant's Name	Sex	Age	Birth Date	Fee	
FOR OFFICE USE: CHI	ECK# CASH	DATE _		TOTAL IN	ITIALS	POR
Parents Name:						
Address:	City:					
Home Phone Num	ber:	_ Work	Phone &	c Contact Name: _		
Reside in:	City of Cedarburg (\$85)		Non-Re	esident – <u>TOWN I</u>	NCLUDED (\$	105)
	Participant's Name	Sex	Age	Birth Date	Fee	
EOD OFFICE USE: CH	ECV# CASH	DATE	<u> </u>	TOTAL IN	ITIAI S	 P∩P