

RECREATION SWIM TEAM REGISTRATION

Parents Name: _____

Address: _____ City: _____

Home Phone Number: _____ Work Phone & Contact Name: _____

Reside in: _____ City of Cedarburg (\$85) _____ Non-Resident – **TOWN INCLUDED** (\$105)

Participant's Name	Sex	Age	Birth Date	Fee

FOR OFFICE USE: CHECK # _____ CASH _____ DATE _____ TOTAL _____ INITIALS _____ POR _____

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