



# ***Broward County Sub-Jo Meet November 7-8th, 2009***

Name of Swimmer(s):

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\_\_\_\_\_ **Yes**, my child(ren) will be attending the Meet

\_\_\_\_\_ **No**, my child(ren) will be unable to attend the Meet

Parent Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*Please return by Monday, October 26, 2009\***