

Moses Lake Manta Rays Swim Team Tryout Form

Swimmer information please print clearly (Please bring with you to tryout)

Swimmers name _____

Date of birth (mm/dd/yy) _____ Age _____ M/F (circle one)

Grade in school fall 09 _____ School _____

Parents' names _____

Mailing :

Address _____

Home phone # _____ Cell # _____

E-mail address _____

Reason for wanting to join MLMR _____

Do not fill out below this box

For Coach Use Only

Recommended group placement _____

Date _____

Free _____

Back _____

Breast _____

Fly _____

Comments:

