All*Star Team

Western Zone Championship
August 10th-14th, 2010
San Jose, California
Swimmer Application

Name :_____ Age:_____
First MI Last (On Aug 10, 2010)

Address:_____ Birth date:_____

City: _____ Zip Code:_____

Phone: Day:_____ Eve: _____ Male:_____ Female:_____

E-mail Addresses: _____ _____
Swimmer Parents

Clothing Sizes:
Suit Size (Aquablade):_____ Shirt:_____ Shorts: _____/_____
(Adult S,M,L,XL) (Adult S,M,L,XL)/Waist size (29, 30, etc.)

Parent/Guardian Information

	Mother	Father
Name:	_____	_____
Address:	_____	_____
City/Zip:	_____	_____
Home Phone:	_____	_____
Work Phone:	_____	_____

Swim Team/Club Information

Team/Club: _____ Coach :_____

Address: _____ Phone _____

City/Zip: _____

Please mail/email this application to: **Kathie Milhorn** **kmilhorn@yahoo.com**
P.O. Box 34486
Juneau, AK 99803

Application Deadline: **May 1st, 2010**