**LWSA Gators Fall/Winter 2018 Tryouts**

**Family Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone (home or cell)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email Address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Indicate Which Date Your Swimmer will Attend Try-Outs:**

* **August 20 at LW Central**
	+ **8 and Under - 6:00pm**
	+ **9 and Up – 7:00pm**
* **August 21 at LW Central**
	+ **8 and Under - 6:00pm**
	+ **9 and Up – 7:00pm**

**Swimmer's first name** **Age at Tryout** **Male/Female** **Birthdate**

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**How did you hear about us?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All Swimmers should return on**

**August 22nd at 6:00pm**

**for Race Night!!**

**Please return this form to Michelle Moline:**

**president@lwsagators.org**