**LWSA Gators Fall/Winter 2019-20 Tryouts**

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

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

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

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

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

* **August 26th at LW Central Aquatic Center**
	+ **Ages 5 - 8 at 6:00pm**
	+ **Ages 9 and Over at 7:00pm**
* **August 27th at LW Central Aquatic Center**
	+ **Ages 5 - 8 at 6:00pm**
	+ **Ages 9 and Over at 7:00pm**
* **Please check this box if you have swam for LWSA at any time in the past.**

**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 28th at 6:00pm for Race Night!

**Please return this form or email any questions to Michelle Moline:**

**president@lwsagators.org**