**LWSA Gators Spring/Summer 2019 Tryouts**

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

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

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

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

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

* **April 1 at LW Central Aquatic Center**
  + **Ages 5 - 8 at 6:00pm**
  + **Ages 9 and Over at 7:00pm**
* **April 3 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?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

[**president@lwsagators.org**](mailto:president@lwsagators.org)