

**SWIMMER REGISTRATION
AD ASTRA AREA AQUATICS**

How did you hear about us? _____

Primary e-mail (for sign-in)* _____

Additional e-mail #1: _____

Additional e-mail #2: _____

Person who is responsible to pay the bill:

First Name: _____ Billing Address: _____

Last Name: _____ City: _____

Home phone: _____ State/Zip Code: _____

Work phone: _____ Mobile phone: _____

Swimmer Information:

First Name: _____ Address: _____

Last Name: _____ City: _____

Middle Initial: _____ State/Zip Code: _____

Home phone: _____ Mobile phone: _____

Birth Date: _____ Gender: MALE FEMALE (circle one)

Invoices are e-mailed via our team website on the 1st of each month. Full payment of your invoice is due no later than the 20th of the month. A \$15 late fee will be charged each month to all accounts not current and/or not **completely paid in full** by the 20th.

** A password will be issued to this e-mail address only, which will allow you to review your account via our website at www.adastraareaaquatics.org.*

STAFF USE ONLY:	Acct Set-up: _____
Group: _____	Pool Card: _____
Date Started: _____	Welcome Ltr: _____
Paid Amt/Ck# _____	USA Reg fee: _____