

CSP MASTERS LEARN TO SWIM BETTER PROGRAM

Please print legibly | Complete all information

SWIMMER REGISTRATION FORM

Last Name

First Name

Middle Name (Optional)

Preferred Name

Date of Birth

 / /

Mailing Address

City

State

Zip Code

Phone Number

Email Address

Make Check Payable to:
CSP Tideriders

Emergency Contact Name

Emergency Contact Phone Number

Sign Here x _____

Signature

Date



CSP TIDERIDERS

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