



2010 Indian Creek Swim Team and Spring Stroke Clinic

RESERVATION FORM
for new and returning swimmers

This form and \$10/swimmer team reservation plus \$10/Stroke Clinic reservation must be received by March 1, 2010. These deposits are non-refundable.

Submit reservation form:
 Marlo Kent
 438 Pawnee Drive
 Mechanicsburg, PA 17050

Family Last Name: _____

First Name & Middle Initial	Date of Birth	Age as of 6/1/2010:	Spring Stroke Clinic reservation	
			<i>(circle choice)</i>	
1.			YES	NO
2.			YES	NO
3.			YES	NO
4.			YES	NO
5.			YES	NO

(2010 Stroke Clinic requires a \$10 deposit and the total cost will be \$55 per swimmer)

Parents' Names (Please print): _____

Home Phone: _____ Mailing Address: _____

City: _____ Zip: _____

e-mail addresses: Parents _____

(Please print clearly)

Swimmer(s) _____

Team size will be limited by age group. Team registrations will be accepted as received and in priority order as follows:

1. 2009 ICAC team members
2. Sibling of 2009 team member
3. Indian Creek Recreation Club Member
4. Indian Creek resident
5. All others

Registration must be completed by the registration date (April 10) or the reservation will be void and the deposit forfeited. This is a reservation form, not the registration form. Registration is not complete until the registration form is returned. No returning 2009 swimmer or sibling of a returning swimmer will be turned away if they follow this procedure in the timeframe indicated.

For more information, registration form and complete list of fees, please visit our website at www.swiminidancreek.org.