

2007 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 February 28, 2007. 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 06/01/2007:	Spring Stroke Clinic reservation <i>(circle choice)</i>	
1.			YES	NO
2.			YES	NO
3.			YES	NO
4.			YES	NO
5.			YES	NO

(2007 Stroke Clinic requires an additional \$10 deposit – the total cost for the clinic is \$50 per swimmer)

Parents' Names (Please print): _____

Home Phone: _____ Secondary Phone: _____

Mailing Address: _____

City: _____ Zip: _____

e-mail addresses: Parents _____

Swimmer(s) _____

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

1. 2006 ICAC team members
2. Sibling of 2006 team member
3. Indian Creek Rec Club Member
4. Indian Creek resident
5. All others

Registration must be completed by the formal registration date (April 14, 2007) or the reservation will be void and the deposit forfeited. No returning 2006 swimmer or sibling of a returning swimmer will be turned away if they follow this procedure in the timeframe indicated.

The 2007 Registration Fees will be as follows:

One Swimmer	\$110	Three Swimmers	\$200
Two Swimmers	\$165	Each swimmer after 3 rd	\$20
15 years and older	\$40		

Non-Rec Club member fee will be an additional \$25 per family.