

Central Columbia Aquatic Club 2009-2010 Winter Registration Form

Registration forms can be placed in the "LUPINI" file folder
on the pool deck OR
mail to:

CCAC c/o Shawna Lupini 609 Mifflin-Nesc Hwy Nescopeck PA 18635

**** Please make checks payable to CCAC ****

Questions can be directed to Mr. LaCroix at 683-5693.

Cost: One Child \$95.00/ Two Children - \$180.00 / Three Children \$250.00

****** CCAC HAS A NO REFUND POLICY ******

DEADLINE: FRIDAY, NOVEMBER 6, 2009

Parent/Guardian Names: _____

Address: _____

Phone: _____ E-Mail Address: _____

1.) Swimmer Name _____
Birthdate: _____
Swimsuit size F _____ M _____
T-shirt size: _____
Sweatshirt Size: _____
Pant Size: _____

2.) Swimmer Name _____
Birthdate: _____
Swimsuit size F _____ M _____
T-shirt size: _____
Sweatshirt size: _____
Pant size: _____

3.) Swimmer Name _____
Birthdate: _____
Swimsuit size F _____ M _____
T-shirt size: _____
Sweatshirt Size: _____
Pant size: _____

_____ I give permission to the CCAC organization to publicize my swimmer(s) photo and/or name in publications.

Signature

Amount Paid: _____
Check #: _____
Cash: _____
Received by: _____