2024 CLCC Swim Team Registration Form

Name of Swimmer:			DOE	3:	
Name of Swimmer:			DOE	3:	
Name of Swimmer:			DOE	3:	
Name of Swimmer:			DOE	3:	
Name of Swimmer:			DOB:		
Cypress Lake Member ID				(Must be	included)
Email Address:					
Parent's First & Last Name	:				
Parents/Emergency Conta	ct Phone Numl	oer:			
Physical Address:					
Swimmers Only: (1 shirt p	oer swimmer i	ncluded with re	gistration – If	submitted by 5/	15)
T-Shirt Sizes:					
Youth:XS	SM	MD	LG		
Adult:SM	MD	LG	XL	2X	
Extra T-shirts/ Parent shirts are \$15.00 each Size(s) _			Quantity		
*Sponsors receive a shirt with	n their donation				
Registration Due by 5/15/	2024:				
1 st Swimmer in Family		\$190.00			
2 nd Swimmer in Family		\$140.00			
3 rd Swimmer in Family	\$130.00				
4 th Swimmer in Family		\$120.00			
Total Due Payable to CLC	C Swim Team	\$			
It takes many volunteers to We require the volunteers			-		our meets.
There are many sponsors Check # Date: Return forms to Cypress		_	ecks payable	to CLCC Swim 1	eam.