DOCS Registration Form (2010-2011)

Manual High School

Swimmers Names 1-_____ 2-_____

3-_____ 4-_____

USA Swimming Membership	**Qty.**	**Amount**	**Total:**
Annual 2011 LSC: ISI		$60 $120 $180	
LSC: ISI TEAM TRANSFER FEE		$10	
		ISI Total:	

DOCS/YMCA Team Member			
DOCS/YMCA Program Fee	* See YMCA Program Form		
	Qty.	Amount	Total
DOCS/ ISI Team Participation Fee		$ 75	
DOCS Weekends at Five Points Washington			
Weekend Practices (09/18-11/21)		$ 42	
(12/04-02/13)		$ 42	
Administration Fee		$ 15	
Meet Escrow Amount		$ 75	
		DOCS Total:	

DOCS Pre Team			
**Swimmers not ready for full team practice.*	Qty.	Amount	Total
Session 1: Wednesdays- 5- 5:30 pm (9/15- 11/17)		$ 80	
Session 2: Wednesdays- 5- 5:30 pm (12/01- 02/09)		$ 80	

MOTHER'S NAME: _____

MOTHER'S PHONE: _____

EMAIL: _____

*THIS EMAIL WILL BE USED FOR WEEKLY COMMUNICATION.

FATHER'S NAME: _____

FATHER'S PHONE: _____

EMAIL: _____

*THIS EMAIL WILL BE USED FOR WEEKLY COMMUNICATION.