DOCS SWIM TEAM REGISTRATION FORM
FIVE POINTS WASHINGTON
2009-2010

Swimmers Names 1-_____ 2-_____

3-_____ 4-_____

DOCS/YMCA Team Member Fees			
DOCS/YMCA Program Fee	* See YMCA Program Form		
	Qty.	Amount	Total
DOCS/YMCA 1 Day ADD at Manual (T, TH)		$20/day/month.	
DOCS Weekend Option		$38/session $76	
Administration Fee		$ 15 $ 30 $35	
Meet Escrow Amount		$ 75 $150	
		DOCS Total:	

DOCS Junior Member Fees	**Qty.**	**Amount**	**Total:**
DOCS Program Fee FULL		$ 252 $504	
DOCS Program Fee- Session 1		$ 134 $268	
DOCS Program Fee- Session 2		$ 134 $268	
DOCS Weekend Option		$ 38/session $76	
Administration Fee		$ 15 $ 30 $35	
Meet Escrow Amount		$ 75 $150	
		DOCS Total:	

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

PARENT'S NAMES: _____

MOTHER'S PHONE: _____

EMAIL: _____

FATHER'S PHONE: _____

EMAIL: _____

Office Use Only			
	Code of Conduct		**ISI Form**
	Waiver		**Meet Form**
	Medical		**T- Shirt Size: _____**
	Latex Cap		

**To reserve a spot prior to Aug 31st please send this form along with the program fee to: DOC Swim Team, 5326 N. University St., Peoria, IL 61614

**Registration Night at Five Points Washington, Aug 31 from 5- 7:30 pm