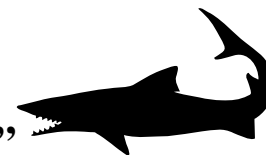




SOUTH BELT AREA SWIM TEAM (SBAST) "SHARKS"



2007 REGISTRATION AND FEE FORM

FAMILY NAME (EX: JOHN & BETTY DOE) **Print Please**

ADDRESS

HOME PHONE W/PREFIX

EMAIL ADDRESS (Primary form of Contact)

CITY, STATE AND ZIP CODE

MOBILE PHONE NUMBER

SWIMMER NAME (NICKNAME OK)
MUST HAVE LAST NAME

M/F

BIRTHDATE

AGE ON
MAY 1, 2007

YEARS ON
SWIM TEAM PLUS
THIS YEAR

T-SHIRT
SIZE

CIRCLE
SBAST OR USS
FEE #

COACH OK
FOR NEW
SWIMMERS:

\$105___\$70___
\$75___\$40___
\$70___\$40___
\$0___\$40___
\$0___\$40___

(3 OR MORE PER FAMILY = \$250.00)

REGISTRATION TOTAL: _____

THE SBAST BOUTIQUE SELLS CAPS, GOGGLES, SWIMSUITS, NON-SBAST T-SHIRTS

MEDICAL RELEASE SIGNED? YES___NO___

REGISTRATION FEES: CASH___CHECK___CHECK #_____BOOKLET GIVEN? _____

(THERE WILL BE A 25.00 CHARGE FOR ANY RETURNED CHECKS) **50% REFUND IF REQUESTED WITHIN FIVE SCHEDULED PRACTICE DAYS FROM THE DAY OF REGISTRATION.**

*****I understand pictures of my child may be placed on our team's website and Power Point program. Website pictures will be password protected*****

DATE REGISTERED: _____ PARENT SIGNATURE: _____

PARENT PARTICIPATION

PLEASE WRITE YOUR NAME AND PHONE NUMBER ON THE BLANK NEXT TO THE JOB YOU WOULD LIKE TO LEND ASSISTANCE.

BOUTIQUE _____ ENTRY CARD PREPARER _____ RIBBON WRITER _____
OFFICIAL _____ SET UP & CLEAN UP HELP _____ TIMER _____
TEAM SCORER _____ REFRESHMENT STAND HELPER _____ TENT PARENT _____