



Pemberville Community Pool
Swim Team Registration



Name: _____

DOB: ____ / ____ / ____ **Age:** _____

Address: _____

Phone _____

Email: _____

Parent/Guardian _____

Address (if different than Swimmer): _____

Would you like to help during swim meets? YES **NO**

Emergency Contact: _____

Phone: _____



Swim Team Registration Fee	\$90.00
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Method of Payment: Cash / Check

Check Number _____ **Receipt Book #** _____

Date _____ **Sold By:** _____



For Village Office Use Only (Fiscal Officer)

UAN RECEIPT #: _____ **DATE:** _____