

USA SWIMMING

"Catch the Spirit"

Camp

ATHLETE APPLICATION

Name: _____

Address: _____

City, State & Zip: _____

Phone & e-mail: _____

Date of Birth: _____ Age : ____ Male ____ Female ____

USA Swimming Registration #: _____

Club Name: _____

Club Coach & phone #: _____

MEDICAL and/or DIETARY CONSIDERATIONS: _____

*Please list times in yards:

50 free _____ 100 free _____ 50 back _____ 100 back _____

50 breast _____ 100 breast _____ 50 fly _____ 100 fly _____

100 IM _____ 200 IM _____ 200 free _____ 500 free _____

(If you have no time for an event, leave it blank.)

Please return to:

Amy Parratto / Camp Director

"Catch the Spirit" LSC Camp

Return by May 3!

14 Back Road

Dover, NH 03820