

USA SWIMMING
“Catch the Spirit”
Camps – May 20, 2006

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: 100 free_____ **100 or 200 IM**_____

PLEASE RETURN TO:

Amy Parratto / Camp Director

“Catch the Spirit” LSC Camp

14 Back Road

Dover, NH 03820

***Postmarked May 3rd w/ \$25.00 check payable to: NE Swimming**