

Adirondack Aquatic Club
Masters Swim Team Registration Form
2011-2012 Swim Year

PLEASE FILL THIS FORM OUT COMPLETELY. DO NOT LEAVE ANY INFORMATION BLANK

Swimmer:

Name: _____

Street Address / Town / ZIP: _____

Home Phone: _____ Cell Phone: _____

Email: _____

PLEASE CIRCLE MASTERS SESSION or DROP-IN SESSION Drop-ins (3 pack minimum) must use the 3 practices during the current Masters Session.

Session: DECEMBER 12TH 2011 – MARCH 17, 2012

Monday & Wednesday 7:30 – 8:45 PM, Saturday 10:30-12:00 PM

CIRCLE ONE: FULL SESSION (14 Weeks) Member \$185.00 Non-member \$230

DROP- IN SESSION Member \$18.00 Non-member \$24

ADIRONDACK CLUB MEMBER: YES / NO

TOTAL TUITION PAYMENT DUE TODAY: \$ _____

PAYMENT METHOD:

Credit Card# _____ Exp. _____ CVC Code _____

Check# (made payable to "The Adirondack Club") _____

TAC MEMBER ACCT # _____

AUTHORIZED SIGNATURE: _____

DISCLAIMER:

By signing this, I understand that I have committed to the Adirondack Aquatic Club for the session. I am responsible for paying the full amount of what is owed unless otherwise approved by AAC Head Coach and/or Adirondack Club owner. I realize that if I fail to attend the drop-in that I may not carry them over into a different session.

Printed Name

Signature

Date