Saints Adult Swimming Program

Swim Team Registration Form

Last Name:_____ First Name:_____

Please circle: MALE / FEMALE

Street:_____ City/Town:_____

Postal:_____ Phone:_____

Email: _____

PAYMENT INFORMATION: *Please Circle*

Cash Chq #_____ Visa MC

Please make Cheques payable to St. Clair College

Card Number:_____ Expiry:_____

Name on Card:_____ ***Date Received:_____***

Daily: $6.00 1 Month: $40.00 6 Months: $205.00 1 Year: $395.00

PRACTICE TIMES:

Mondays	*(1.5hrs)*	5:30am – 7:00am
Tuesdays	*(1.5hrs)*	5:30am – 7:00am
Thursdays	*(1.5hrs)*	5:30am – 7:00am
Saturdays	*(2.0hrs)*	6: 30am – 8:30am

MEMBERSHIP INFORMATION:

Masters #:_____

SCC Start Date:_____

SCC #:_____ Receipt #:_____
Expiry: _____
Expiry_____ Receipt #:_____
Expiry_____ Receipt #:_____
Expiry_____ Receipt #:_____

Attach cheque here payable to St. Clair College

Contact Information: Jeff McEwan 519-972-2727 ext. 4303