



● Swim Team Registration

Date: _____

To register for the Dunes West Swim Team, your child must be able to swim the entire length of the pool. **PLEASE PRINT CLEARLY. THANK YOU!**

● SWIMMER 1

Name _____ Boy _____ Girl _____

Age (as of June 1, 2009) _____ Date of Birth _____ Year Swim Experience _____

T-Shirt Size (circle) Youth Lg _____ Youth Med _____ Youth Small _____
Other _____

● SWIMMER 2

Name _____ Boy _____ Girl _____

Age (as of June 1, 2009) _____ Date of Birth _____ Year Swim Experience _____

T-Shirt Size (circle) Youth Lg _____ Youth Med _____ Youth Small _____
Other _____

● PARENT INFORMATION

Name(s) _____

Address _____

Home Phone _____ Cell Phone _____

Email Address _____ Email Address _____

OFFICE USE ONLY

Registrations w/ck can mailed

to:

DATE PAID: _____

DUNES WEST MEMBER: YES _____ NO _____

MEMBER #: _____

CHECK#: _____

AMOUNT: _____

Dunes West Swim Team
P.O. Box 116
1121 B Park West Blvd.
Mount Pleasant, SC 29466

*****Full Refund by May 26, No Refund after May 27*****

Pricing:

Member:

\$85 1st Child + \$50 Each Additional Child

●

Non Member:

**\$170 per Child \$85 goes to Dunes west to cover
Pool usage and Insurance**

