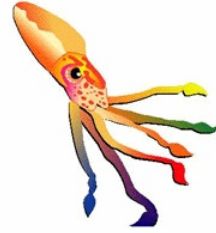




2010 Membership Application Colorado SQUID Swim Team



Name: _____ Phone (h): _____

Address: _____ Phone(w): _____

City, State, Zip+4 _____ Fax: _____

E-Mail Address: _____

Emergency Contact Name: _____; Emergency Phone: _____

- I am renewing my membership and am enclosing a \$10 check.
- I am a new member and am enclosing a \$10 check.
- I do not want my phone number and address on a list provided to SQUID swimmers.
- I would like to be on the SQUID e-mail list for routine announcements.

Make checks payable to: "SQUID Swim Team" and mail them with this form to P.O. Box 480912, Denver, Colorado 80248-0912. Or drop them off with this form at team practices.

COMSA/USMS registration number: _____ Birthday: _____

Significant Other: _____

If you are new to the team, how did you hear about SQUID?

I am Interested in:

- Competitive swimming
- Fitness swimming
- Open-Water swimming
- Springboard Diving
- Synchro Swimming

I am willing to volunteer to help with:

- Social events
- Timing or helping with meets
- Office functions

Workout Times: Tues. & Wed., 6:30 - 7:45 p.m., Rude Rec Center
Thurs., 7:00-8:30 p.m., Sat., 10:30 a.m. - noon, Hiawatha Davis Recreation Center

Coaches: Andrew LeVasseur, Jon Christianson, Roger Burleigh
Colorado SQUID Swim Team, P.O. Box 480912, Denver, CO 80248-0912
Voice: (303) 297-3994; Website: www.squidswimteam.org