WINSKILL OTTERS MASTERS SWIM CLUB REGISTRATION FORM

Last Name_____

First Name_____

Address_____ City_____

Postal Code_____

Phone Number_____

Email (Please print clearly)_____

Sex: M___ F___ Date of Birth: _____/_____/_____
DAY MONTH YEAR

SIGNED MSABC WAIVER MUST BE INCLUDED WITH THE REGISTRATION FORM

AS PER CLUB POLICY, THE WINSKILL OTTERS DO NOT OFFER REFUNDS ON FEES PAID

Official Use Only

Paid:
MSABC Reg:
MSABC #:
Email List: