



REGISTRATION FORM

BUSINESS INFORMATION:

Company: _____

Address: _____

Phone: _____

Fax: _____

e-mail: _____

HOME INFORMATION:

Address: _____

Phone: _____

Fax: _____

Mobile:(c) _____ (h) _____

e-mail: _____

NAME: _____ Mr. Mrs. Ms. Miss

Birth date: (month) _____ (date) _____ (year) _____

Medical information: _____

(if possible please include relevant doctor's name and number)

Emergency contact:

(tel #1) _____ (name) _____

(tel #2) _____ (name) _____

I agree to abide by all the rules of the swimming venues that will be used for the Masters' program.

Signed: _____

Date: _____