

SUNRISE SWIMMING
PO BOX 450451
SUNRISE FL. 33345
E-MAIL:COACHCHRISTIW@AOL.COM

VISITING TEAM TRAINING CHECKLIST

We are looking forward to your team visiting with us at the Sunrise Civic Center pool. Below is a checklist of the fees and paperwork, training schedule and other information regarding your visit. Please fill in the checklist and mail to the address above. If you have any questions or concerns regarding your trip, please call me.

COACH CHRISTI WATHEN (954) 747-4635

TEAM NAME _____

CONTACT PERSON _____

DAYTIME PHONE _____

CELL _____ E-MAIL _____

RATE: \$10 PER SWIMMER PER DAY

NUMBER OF DAYS _____ NUMBER OF SWIMMERS _____

FIRST DATE OF PRACTICE _____ AM OR PM?

LAST DATE OF PRACTICE _____ AM OR PM?

AM PRACTICE TIMES REQUESTED 2 HOURS LONGCOURSE _____

PM PRACTICE TIMES REQUESTED 2 HOURS SHORTCOURSE _____

CERTIFICATE OF INSURANCE NAMING THE CITY OF SUNRISE AS CERTIFICATE
HOLDER AND ADDITIONAL INSURED _____

DEPOSIT \$200 RECEIVED _____

APPROXIMATE TOTAL FEES: _____ (# OF DAYS X # OF SWIMMERS X 8)

TOTAL FEES DUE UPON ARRIVAL: (TOTAL FEES- \$200 DEPOSIT) = _____

PLEASE MAKE CHECKS PAYABLE TO: CITY OF SUNRISE.