Get in Shape for Summer League with DAQ

Family Last Name: _____

Parent 1 Name: _____ Contact Phone #: _____

Parent 1 Email: _____

Parent 2 Name: _____Contact Phone #: _____

Parent 2 Email: _____

Summer League Team: _____

Swimmer Name: _____

Birthdate: _____

Please check appropriate box

- ☐ Session One - 9 & older $75; 8 & younger $60
- ☐ Session Two - 9 & older $75; 8 & younger $60
- ☐ Session One + Session Two - 9 & older $130
- ☐ Session One + Session Two - 8 & younger $100

Swimmer Name: _____

Birthdate: _____

Please check appropriate box

- ☐ Session One - 9 & older $75; 8 & younger $60
- ☐ Session Two - 9 & older $75; 8 & younger $60
- ☐ Session One & Session Two - 9 & older $130
- ☐ Session One & Session Two - 8 & younger $100

Amount Enclosed: _____ Check #: _____

Please return pages 2 & 3 with your check to
DeKalb Aquatics, PO Box 2926, Decatur, GA 30031