

Non-TFC Member Account Application for Swim Team

Last Name	First Name	M.I.
-----------	------------	------

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	/	/	Date of Birth
Male	Female	Marital Status				

Address	City	State	Zip
---------	------	-------	-----

<input type="text"/> @ <input type="text"/>	
Email Address	

<input type="text"/> Home Phone #	<input type="text"/> Cell Phone #
-----------------------------------	-----------------------------------

<input type="text"/> Swimmer #1 Name	<input type="text"/> Age
--------------------------------------	--------------------------

Dev _____ Level 1 _____ Level 2 _____ Level 3 _____ Senior Grp _____ Comp Grp _____ Master's _____

<input type="text"/> Swimmer #2 Name	<input type="text"/> Age
--------------------------------------	--------------------------

Dev _____ Level 1 _____ Level 2 _____ Level 3 _____ Senior Grp _____ Comp Grp _____ Master's _____

<input type="text"/> Swimmer #3 Name	<input type="text"/> Age
--------------------------------------	--------------------------

Dev _____ Level 1 _____ Level 2 _____ Level 3 _____ Senior Grp _____ Comp Grp _____ Master's _____

<input type="text"/> Swimmer(s) Emergency Contact Name & Phone #	
--	--

OFFICE USE ONLY		
<input type="text"/> Prospect #	<input type="text"/> Date Entered	<input type="text"/> Level & Rep Verified w/Coach

