

MANTA RAY Aquatics

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Manta Ray Aquatics Swim Team Tryout Form

Swimmer information (please print clearly and bring with you to tryout)

Swimmers Name: _____

Date Of Birth (mm/dd/yyyy) _____ Age _____

Male / Female (circle one)

Grade in School: _____ School: _____

Parents' Names: _____

Mailing Address: _____

Home Phone #: _____ Cell#: _____

E-mail Address: _____

Prior Swimming Experience: _____

DO NOT FILL OUT BELOW THIS LINE

For Coach Use Only

Recommended Group Placement _____ Date _____

2 Week Trial Start Date: _____

2 Week Trial End Date: _____

