

Tri-City Channel Cats Outreach Program Application Form

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Complete the information below for each swimmer currently swimming with the Tri-City Channel Cats:

Name: _____ Age: _____ Practice Group: _____

Name: _____ Age: _____ Practice Group: _____

Name: _____ Age: _____ Practice Group: _____

Name: _____ Age: _____ Practice Group: _____

Name: _____ Age: _____ Practice Group: _____

Does your family currently receive Free and Reduced Meals through the public school system? Yes No

If yes, please provide a copy of the documentation.

If no, are there other factors that need to be considered in making the determination to assist your family? _____

What type of assistance would be beneficial to your family?

Monthly Fee

Meet Fees

Purchase of Suit

Purchase of Equipment

Other: _____

Signature: _____

For Office Use

This family does does not qualify for the Tri-City Channel Cats Outreach Program.

The following will be provided: _____