

IOWA YMCA SECTIONAL SWIM MEET FEES FORM

This form should be mailed with payment by the noted entry deadline

| | HEAD COACH: | | |
|------------------|------------------|-------------------|-------|
| AGE GROUP | # OF SWIMMERS | X \$15.00/SWIMMER | TOTAL |
| 8 & U BOYS | | | |
| 8 & U GIRLS | | | |
| 9-10 BOYS | | | |
| 9-10 GIRLS | | | |
| 11-12 BOYS | | | |
| 11-12 GIRLS | | | |
| 13-14 BOYS | | | |
| 13-14 GIRLS | | | |
| SENIOR BOYS | | | |
| SENIOR GIRLS | | | |
| TOTAL AMOUNT DUE | FOR ALL SWIMMERS | >>>>>>> | \$ |

Aquatics/Executive Director:

Make checks payable to: Iowa YMCA Competitive Swimming

TEAM NAME:

Mail payment with this form to:

Donald Pirrie Iowa YMCA Competitive Swimming 1614 West Mount Vernon Road, Mount Vernon, IA 52314