



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

IOWA YMCA STATE SWIM MEET FEES FORM

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

TEAM NAME: _____

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

Mail payment with this form to:

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