

SWIM TEAM ACTIVITY SIGN-UP

Family Name _____ (PLEASE PRINT)						
D A T E	 ACTIVITY	# of Children	# of Adults	Total #	Cost Per Person	Total Cost \$
6/6/2024	APPLES & BANANAS PIZZA PARTY				@ \$4.00 Each	
TBD	CANOE TRIP				@ \$26.00 Each	
7/9/2024	SENIOR NIGHT & ICE CREAM SOCIAL				@ \$5.00 Each	
7/14/2024	PASTA DINNER				@ \$8.00 Each	
7/16/2024	CHAMPIONSHIP PARTY				@ \$6.00 Each	
	COACHES GIFT				Donation	
TOTALS						
Amount of Check Enclosed \$ _____		Make all checks payable to EVENDALE SWIM TEAM				

APPLES & BANANAS PIZZA PARTY: AFTER SWIM MEET. COST \$4.00 PER PERSON. INCLUDES PIZZA, SOFT DRINK. RESERVATIONS BY TUESDAY, JUNE 4TH. (Price doubles on June 4th)

CANOE TRIP: SWIMMERS IN THE 13 AND UP AGE GROUP ONLY. COST IS \$26.00. LEAVE THE REC CENTER AT NOON. RETURN AROUND 5PM. SEPARATE PERMISSION SLIP. PARENT CHAPERONES NEEDED (NO CHARGE). RESERVATIONS BY JULY 1st.

SENIOR NIGHT & ICE CREAM SOCIAL: SENIORS PRESENTATION HALF WAY THROUGH THE MEET AND ICE CREAM SOCIAL AFTER THE MEET. DANCING UNTIL 11:00 PM. MAKE YOUR OWN SUNDAES COST \$5.00 PER PERSON. RESERVATIONS BY TUESDAY, JULY 4th. (Price Doubles July 4th)

PASTA DINNER: 5 - 7 PM. \$8.00 PER PERSON INCLUDES PASTA, BREAD AND DRINKS. LAST NAME O-Z BRING A DESSERT FOR AT LEAST 12. LAST NAME A-N BRING SALAD OR FRUIT FOR AT LEAST 12. ACTIVITIES INCLUDE MAKING BANNERS AND SIGNS, PAINTING NAILS, APPLYING TATTOOS, DECORATING CARS AND GETTING FIRED UP FOR CHAMPIONSHIPS!!!! COME JOIN THE FUN. RESERVATIONS BY TUESDAY JULY 9th. (Price doubles July 9th)

CHAMPIONSHIP PARTY: DIRECTLY AFTER CHAMPIONSHIPS AT EVENDALE POOL. INCLUDES DINNER, COOKIE AND WATER. RESERVATIONS BY JULY 9TH (Price Doubles July 9th) BRING YOUR OWN "OTHER" DRINKS.

COACHES GIFT: GIVEN AT YOUR DISCRETION TO REWARD COACHES FOR ALL OF THEIR HARD WORK DURING THE SWIMMING SEASON.

CONTACT INFORMATION : CELL PHONE _____

EMAIL ADDRESS _____

PERMISSION SLIP: MY CHILD/CHILDREN ABOVE HAS/HAVE MY PERMISSION TO TAKE PART IN THE ABOVE EVENDALE SWIM TEAM ACTIVITIES. I UNDERSTAND THAT THE CHAPERONES OR COACHES WILL NOT BE RESPONSIBLE FOR ANY ACCIDENTS. I ALSO AUTHORIZE EMERGENCY TREATMENT IF I CAN NOT BE REACHED AT THE FOLLOWING NUMBERS _____ OR _____.

PARENT OR GUARDIANS SIGNATURE _____ **DATE** _____

CUT AND KEEP FOR YOUR HOME RECORDS

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