

BETTENDORF SWIM CLUB, INC.
An affiliate of Bettendorf Parks and Recreation

MEMBERSHIP FORM

Please print names of all participating children; use back of form if necessary.

Last _____ First _____ Middle _____

Date of birth _____ Age _____ Where hear about us? _____

School District _____ School _____ Grade _____

Last _____ First _____ Middle _____

Date of birth _____ Age _____ Where hear about us? _____

School District _____ School _____ Grade _____

Last _____ First _____ Middle _____

Date of birth _____ Age _____ Where hear about us? _____

School District _____ School _____ Grade _____

Would you like to be included in the team directory which is given out to all team members? Yes / No (circle one)

We agree to the fees and terms of the payment schedule as noted on the information sheet.

Parent's Signature _____

Parent's Names (print) _____

Phone Number Day _____ Evening _____

Email _____ (please print clearly)

Complete Mail Address
(please include zip code) _____

City

State

Zip Code