

NORTH BALTIMORE SWIM CAMP

Swimmer's Name _____ Age _____ Sex _____

Street Address _____ D.O.B. ____/____/____

City _____ State _____ Zip Code _____ Country _____

Home Phone _____ Other/Cell Phone _____

Swimmer's email address _____

Mother's Name _____ Phone _____

Address (if different from above) _____

Mother's email address _____

Father's Name _____ Phone _____

Address (if different from above) _____

Father's email address _____

Swim Club _____ Number of years with team _____

Coach's Name _____ Coach's email address _____

Please list your best times:

50 Fr 100 Fr 200 Fr 500 Free 100 Back 100 Fly 100 Breast 100 IM

200 Back 200 Fly 200 Breast 200 IM 400 IM

We will presume SCY unless noted.

NORTH BALTIMORE SWIM CAMP

Swimmer's Name _____

Circle Week and Day or Overnight where applicable:

CAMP: Week I (6/21-6/25) Day Overnight Week II (7/05-7/09) (Day Only)
 Week III (7/19-7/23) (Day Only) Week IV (7/26-7/30) Day Overnight

Payment Information: \$200.00 non refundable deposit due with camp application. Balance due May 15, 2010.

____ Check Amount : \$ _____.00

____ Credit Card : _____ - _____ - _____ - _____ Expiration Date: ____/____

Name on Card: _____ I hereby authorize the charge on this account
in the amount of \$ _____.00 to be made by North Baltimore Aquatic Club.

____ I will pay the balance by check or another credit card.

____ I authorize the balance* of \$ _____.00 to be paid on above card by North Baltimore on May 15, 2009.

Cardholder's Signature

Date

* Day Camp \$ 750.00 minus \$ 200.00 deposit leaves a balance of \$ 550.00

* Overnight Camp \$ 925.00 minus \$ 200.00 deposit leaves a balance of \$ 725.00

Payment must accompany application.