

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.		



Swimmer's Name _____

Circle Week and Day or Overnight where applicable:

CAMP: Week I (6/20-6/24) Day Overnight Week II (6/27-7-01) Day Overnight

Payment Information: \$200.00 non refundable deposit due with camp application. Balance due **May 1, 2011**

_____ 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 1, 2011.

Cardholder's Signature

Date

* Day Camp \$ 775.00 minus \$ 200.00 deposit leaves a balance of \$ 575.00
* Overnight Camp \$ 950.00 minus \$ 200.00 deposit leaves a balance of \$ 750.00

Payment must accompany application.