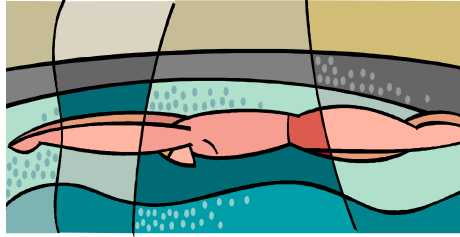


**Lake Shore Swim Club ~ Stroke Technique Clinics  
Summer 2010  
Registration Form**



**Session 1: June 7<sup>th</sup>- June 30<sup>th</sup>, 2010  
Session 2: July 12<sup>th</sup> – August 4<sup>th</sup>, 2010**

**Mondays/ Wednesdays ~ 6:30-7:15 pm**

**Name:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_  
(mm/dd/yyyy)

**Sibling:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_  
(mm/dd/yyyy)

**Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Currently Registered with Lake Shore:**                    Y     N

**If no, Do you have Previous  
Competitive Swimming Experience:**                    Y     N

\*\*\*\*\*

**Lake Shore Swim Club – Stroke Technique Clinics  
Summer 2010**

\_\_\_\_\_ **Session 1: June 7<sup>th</sup>-June 30<sup>th</sup> .....\$50.00**

\_\_\_\_\_ **Session 2: July 12<sup>th</sup>-August 4<sup>th</sup> .....\$50.00**

\_\_\_\_\_ **Registration Fee .....\$50.00**  
(Non-LSSC Swimmers only)

**\*\*Please include with this form, your MEDICAL FORM (if not currently registered with LSSC) and a check for registration.**

**\*\*Checks should be made out to: Lake Shore Swim Club \*\***