

EASTERN EXPRESS SWIM TEAM

June Race Clinic Registration

Swimmer's Name _____

Level of Experience _____

E-Mail Address: _____

Emergency Phone Number: _____

PLEASE E-MAIL COMPLETED FORM to
ExpressSwimAmerica@gmail.com

Pay as you Go at the Clinic

Cash or check payment

Yes, my swimmer is interested in attending the Eastern Express Clinic _____

<i>Day</i>	<i>Date</i>	<i>Place</i>	<i>Time</i>	<i>Type</i>	<i>Select</i>
Saturday	June 9 th	Rider	9:20 to 10:00 AM	Race Clinic	_____
Sunday	June 10 th	Rider	9:20 to 10:00 AM	Race Clinic	_____
Sunday	June 17 th	Rider	9:20 to 10:00 AM	Race Clinic	_____

Pricing: \$25 per session (Cash or Check)

Make Checks Payable to: Express Sports Inc