

**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](mailto: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 <sup>th</sup>	Rider	9:20 to 10:00 AM	Race Clinic	_____
Sunday	June 10 <sup>th</sup>	Rider	9:20 to 10:00 AM	Race Clinic	_____
Sunday	June 17 <sup>th</sup>	Rider	9:20 to 10:00 AM	Race Clinic	_____

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

**Make Checks Payable to: Express Sports Inc**