CHURCHILL VILLAGE SOUTH

2009 SWIM TEAM REGISTRATION FORM

SWIMMER(S): If you wish to register for the Churchill South Sundevils Swim Team, please understand that you will be expected to attend all scheduled practices Monday through Friday, barring illness, vacation, or other reason acceptable to the coach. If you hold a job and cannot make a practice time, please make other arrangements with the coach.

Please submit registration forms by *SATURDAY, MAY 16TH*.
Registration fees increase by $20 per family for registrations received after May 16th.

Submit registration form (by mail or hand delivered) to:
Terri Stachura 13404 Winterspoon Lane, Germantown, MD 20874 (301-528-2431)

NAME OF SWIMMER(S)	DATE OF BIRTH	T-SHIRT SIZE *(Circle One)*	Fee per Swimmer	Enter Amount Here
1st		YS YM YL | AS AM AL XL	$40	
2nd		YS YM YL | AS AM AL XL	$35	
3rd		YS YM YL | AS AM AL XL	$30	
4th		YS YM YL | AS AM AL XL	$25	
5th		YS YM YL | AS AM AL XL	$20	
6th		YS YM YL | AS AM AL XL	$15	
VOLUNTARY CONCESSIONS CONTRIBUTION			$10	
VOLUNTARY OPT OUT OF MEET SUPPORT FEE			$50	
******* $20 IF SUBMITTED AFTER SATURDAY, MAY 16TH *******			*$20*	
TOTAL REGISTRATION FEES: *Please make checks payable to **Churchill Village South Sundevils***				

PARENT(S): The CVS Homeowners Association, the coaches, and community volunteers make large contributions to the operations of the swim team, but there is more to be done. Registering your child(ren) is also a commitment to give your own time and energy during the season. We expect each family to be involved and provide support in the following areas during the season and for Invitationals.

Meet Timers ◆ *Concessions Support* ◆ *Scoring* ◆ *Meet Setup* ◆ *Meet Cleanup*

In order to effectively coordinate support for our meets,
please indicate those meets that your family will *NOT* be in town for:

❒ 6/20 (Sat) ❒ 6/24 (Wed) ❒ 6/27 (Sat) ❒ 7/1 (Wed) ❒ 7/8 (Wed)
❒ 7/11 (Sat) ❒ 7/15 (Wed) ❒ 7/18 (Sat) ❒ 7/26 (Sat)

Once registration is complete, the volunteer coordinator(s) will post the parent volunteer information for each meet. The volunteer coordinator(s) will also email this information to the parents 2 days prior to every meet to ensure everyone is aware of what roles they will be filling for that meet.

_____ _____
Parent Name Parent Name

_____ _____
Street Address Phone

******** EMAIL ADDRESSES ARE REQUIRED – email is our primary means of communicating with you ********

_____ _____
Valid email address for contacting Parent(s) ***(please provide more than one if you have work/home emails you would use)***