



Pemberville Community Pool
Swim Team Registration



Name: _____

DOB: ____ / ____ / ____ **Age:** _____

Address: _____

Phone _____

Email: _____

Parent/Guardian _____

Address (if different than Swimmer): _____

Would you like to help during swim meets? YES **NO**

Emergency Contact: _____

Phone: _____

	Resident	\$80.00
	Eastwood District Resident	\$100.00
	Non-Resident	\$110.00

Method of Payment: Cash / Check

Check Number _____ **Receipt Book #** _____

Date _____ **Sold By:** _____

For Village Office Use Only (Fiscal Officer)

UAN RECEIPT #: _____ DATE: _____