Annual Gator Clinic - Sarasota, FL November 8-9, 2014

Team Name: _____

Contact/Representative: _____

(Name, Email, Phone #) _____

	# of Swimmers	Fee		Amount Paid
Newbie/Novice:	_____	* $20	*=	_____
Intermediates:	_____	* $30	*=	_____
Age Group:	_____	* $50	*=	_____

Total Fees Paid _____*

*make checks payable to Sarasota YMCA, memo: SASSY/Gator Clinic

Please List the Names, Ages, and Levels of the Swimmers who will attend below:

Name	Age	Level