



USA SWIMMING "Catch the Spirit" Camp 2003



ATHLETE APPLICATION

Name: _____

Address: _____

City, State & Zip: _____

Phone & e-mail: _____

Date of Birth: _____ Age : ____ Male ____ Female ____

USA Swimming Registration #: _____

Club Name: _____

Club Coach & phone #: _____

MEDICAL and/or DIETARY CONSIDERATIONS: _____

*Please list times in yards:

50 Free _____ 100 Free _____ 200 Free _____ 500 Free _____

1000/1650 _____

50 Back _____ 100 Back _____ 200 Back _____

50 Breast _____ 100 Breast _____ 200 Breast _____

50 Fly _____ 100 Fly _____ 200 Fly _____

100 IM _____ 200 IM _____ 400 IM _____

Level I & II Camp, May 31st _____ Level III Camp, June 1st _____

PLEASE RETURN TO: Amy Parratto / Camp Director
"Catch the Spirit" LSC Camp
14 Back Road
Dover, NH 03820

*Return by May 4th w/ \$15.00 check payable to: NE Swimming