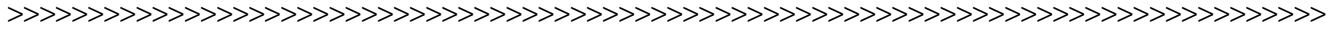


MAKOS FAMILY AND SWIMMER REGISTRATION FORM
2010 Makos Long Course / Stroke Clinic



Family Information

Mthr/Grdn Name _____ Day Phone _____ Night Phone _____

Cell Phone _____

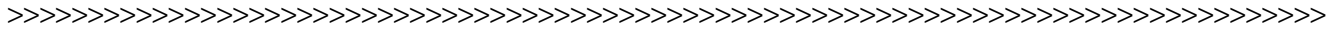
Fthr/Grdn Name _____ Day Phone _____ Night Phone _____

Cell Phone _____

Mailing Address _____
Street City/State Zip Code

E-Mail Address _____ E-Mail Address _____
(important for e-mail updates and information)

Swimmer E-Mail Address _____
(important for e-mail updates and information)



Swimmer Information

Swimmer's Legal Name _____ Current Age _____ DOB _____

Preferred Name _____

Card _____

Swimmer's Legal Name _____ Current Age _____ DOB _____

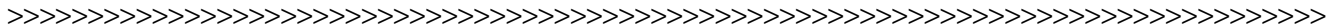
Preferred Name _____

Card _____

Swimmer's Legal Name _____ Current Age _____ DOB _____

Preferred Name _____

Card _____



New Kroger Card Number _____