

# ***\*CHUCK BURR SWIM CLINIC\****

Please fill one out per child, and mail.

Swimmers Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

T-Shirt Size: (Please circle one):

Youth size    Small Medium Large    Adult size    Small Medium Large

Make checks payable to: **CHUCK BURR SWIM CAMP**

Mail registration to: *Chuck Burr Swim Camp*

6632 Eton Court; Fort Worth, Texas 76132