

Knights of Columbus 2809

2011 Aquaknights Swim Team Registration Form

Registration Fees: *Pool Members*: \$55.00 per child **or** \$110.00 per family
Non-Pool members: \$65 per child OR \$130 Per Family

Family Name:		Home Phone:	
Home Address:			
Knights of Columbus Pool Member Number		Or other affiliation with the Knights of Columbus i.e.; Day Camp, Parish, etc.:	
Mother's name:			
Mother's cell phone:		Mother's home email:	
Mother's work phone		Mother's work email:	
Father's name:			
Father's cell phone:		Father's home email:	
Father's work phone:		Father's work email:	

Child(ren)'s Name(s)	Date of Birth	Email

Questions, call Bernadette Wilson, 301-345-3632
Please make your check payable KofC2809 Swim Team.
Please Mail Completed Application, and check, To:
 KofC 2809 Swim Team
 9450 Cherry Hill Road
 College Park Maryland 20740-1284



Pd. Cash/Check #	Amount:
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