

Sports Center of Morehead

Masters Swim Team Registration Form

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Full Name: Address: City, State Zip: Emergency Contact:		Member/Non-Member(circle one) Phone:				
				·	per month SC member and	d \$70 per month SC non-member
Current Swim Times						
Monday Wednesday		Friday				
6-7PM	6-7PM	6-7AM				
	like to do?u unable to do?					
		g?Member #:				
Are you registered wasters Swim Dues Payment I am a member of the Spounderstand that if the billing	rith USA Masters Swimming t Information (check option that applied rts Center, and wish to have my dues of is monthly, it will be deducted from the	Member #:es) of \$50.00 per month billed to my Sports Center account. I have provided the Sports Center on around the				
Are you registered wasters Swim Dues Payment I am a member of the Spounderstand that if the billing 2nd of each month. Pro-Rate I am not a member of the will be deducted on or around Bank Name Pro-Rate / Payment	rith USA Masters Swimming t Information (check option that applie rts Center, and wish to have my dues o is monthly, it will be deducted from the e / Payment for first month \$	Member #: of \$50.00 per month billed to my Sports Center account. I he account I have provided the Sports Center on around the (to be paid to the SC front desk) lues of \$70.00 on a recurring monthly payment plan. Dues will be deducted from the following account: Account # or the SC front desk)				
Are you registered wasters Swim Dues Payment I am a member of the Spounderstand that if the billing 2nd of each month. Pro-RateI am not a member of the will be deducted on or aroun Bank Name Pro-Rate / PaymentI wish to pay my dues in acceptanceI wish to pay my dues in acceptance	rith USA Masters Swimming It Information (check option that applie It Information (check option that applied It Information (check option that applied It Information (check option that applied It Information (check option that applied	Member #:				