



KAST  
Kennedy Area Swim Team



**Summer Rec League 2010 Sign-up**

**Swimmer Information**

Name \_\_\_\_\_ Gender \_\_\_\_\_

Age (as of June 1, 2010) \_\_\_\_\_ T-Shirt size S M L XL

Phone # \_\_\_\_\_ E-Mail \_\_\_\_\_

**Cost \$60.00** write checks to \* **Kennedy Area Swim Team** \*

**Parent Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E-Mail \_\_\_\_\_

Phone # Home \_\_\_\_\_ Work \_\_\_\_\_ Emergency \_\_\_\_\_

**Practice schedule**

13 & over 6:30 – 8:00 AM Monday thru Friday @ CRK

12 & under 8:00 – 9:00 AM Monday thru Friday @ CRK

First Practice June 7<sup>th</sup>

ALL CITY MEET July 17<sup>th</sup> Cherry Hill Pool

**Contact** John D Ross E-Mail [jrdarnr@aol.com](mailto:jrdarnr@aol.com)

Phone 319-350-0266