



KAST
Kennedy Area Swim Team



Summer Rec League 2011 Sign-up

Swimmer Information

Name _____ Gender _____

Age (as of June 1, 2011) _____ T-Shirt size S M L XL

Phone # _____ E-Mail _____

Cost \$85.00 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 6th

ALL CITY MEET July 23rd Cherry Hill Pool

Contact

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