

Kingwood Summer Champs Entry Form

Swimmer's Name:		Age:	Phone #:
Individual Events	Sunday 6/6 - 10 & Under	Monday 6/7 - 11 & Up	
25/50 Free			
25/50 Back			
100 IM			
25/50 Breast			
25/50 Fly			
100 Free			

Please circle the distance for your swimmer and place a check mark under the day they swim.

Would your child like to be in a relay: if enough children? Yes or No

The coaches will contact you if your child is in a relay, prior to the meet

Individual Events are \$4.00 and relays \$2.00 a person.

E-mail marlins@mbwmarlins.com, if you have any questions, or speak with a Board Member.

Paid: Cash_____ Check #_____ made payable to MBW Marlins **(with DL # and Phone #)**

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