

ASAJ ALIA ATKINSON SWIM CLINIC

UTECH Pool

March 9 2013

1:00 pm – 3:00 pm

REGISTRATION FORM

Parent's Name: _____

Swimmer's Name: _____

Club: _____

Personal Mailing Address: _____

Telephone #: _____

(Home)

(Office)

(Mobile)

E-Mail Address: _____

Swimmer's best event: _____

best time: _____

Parents Signature

Date

Please make cheque payable to Amateur Swimming Association of Jamaica (ASAJ) and submit the Form to the ASAJ Office at the National Stadium Swimming Pool, Independence Park, Kingston 6 Telephone: 920-6229/30 (office) e-mail: aquaticsja@gmail.com