

Park and Rec Registration Form
OXFORD RAZORS SPRING CLINICS
March 21-26 and March 28-April 2

Swimmer's Information (one form per swimmer please)

Name:

Please circle:

Male Female

Age:

Grade:

Birthdate:

Address:

Parent/Guardian Contact Information

Name:

Address (if different from above):

Email Address (*very important; will be primary way of communicating with the team*):

Phone Numbers: (H)

(W)

(C)

In case of an emergency, who would you like us to contact (please provide name and phone number):

Registration Fees and Payment (payment is due at the time of registration)

Spring Clinics

Breaststroke - March 21-26 - \$30

Butterfly - March 28-April 2 - \$30

Total amount enclosed: \$ _____

Please send your payment (cash, check, money order) and completed registration form by March 18th to:

**RAZORS SWIM TEAM
c/o Betsey Pesapane
220 Hogs Back Road
Oxford, CT 06478**

Checks should be made payable to Oxford Parks and Recreation

