

CITY OF OLNEY TIGERSHARK SWIM TEAM REGISTRATION FORM

Student's Name: _____

Age: _____

Parent/Guardian: _____

Phone: _____

Address: _____

City/State: _____

2025 Swim Season

<u>Class</u>	<u>Time</u>		
Competitive Swim (Olney Swim Team, Mon-Fri)	8:00	9:30	11:00

*****REGISTRATION USE ONLY*****

City of Olney Youth 1st Child \$70 _____ Each Additional Child \$60 _____

Non-Resident Youth \$120 _____ Each Additional Child \$110 _____

DATE: _____ Amount PD: _____ Method: _____