



## 2008 Membership Application Colorado SQUID Swim Team



Dues help pay for the newsletter, notices, &  
administrative costs of running SQUID

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip+4 \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone (h): \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (c) : \_\_\_\_\_

Fax: \_\_\_\_\_

Emergency

Emergency

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

- \_\_\_ I am renewing my membership and am enclosing a \$10 check.
- \_\_\_ I am a new member and am enclosing a \$10 check.
- \_\_\_ I **do not** want my phone number and address on a list provided to SQUID swimmers.
- \_\_\_ I would like to be on the SQUID e-mail list for routine announcements.

Make checks payable to: "SQUID Swim Team" and mail them with this form to P.O.  
Box 7558, Denver, Colorado 80207-1558. Or drop them off with this form at team  
practice at Hiawatha Davis Recreation Center Or go online and use PayPal.

COMSA/USMS registration number: \_\_\_\_\_ Birthday: \_\_\_\_\_

Significant Other: \_\_\_\_\_

If you are new to the team, how did you hear about SQUID?

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I prefer receiving last-second notices regarding changes of practices or events by (check one):

\_\_\_ e-mail \_\_\_ Telephone at \_\_\_\_\_ with voice mail or answering machine.

### I am Interested in:

- \_\_\_ Competitive swimming
- \_\_\_ Fitness swimming
- \_\_\_ Open-Water swimming
- \_\_\_ Springboard Diving
- \_\_\_ Synchro Swimming

### I am willing to volunteer to help with:

- \_\_\_ Social events
- \_\_\_ Timing or helping with meets
- \_\_\_ Office functions

Workout Times: Tues. & Thurs., 7:00-8:30 p.m., Saturdays, 10:30 a.m. - noon Hiawatha  
Davis Recreation Center, 3334 Holly Street, Denver, CO 80207:  
Colorado SQUID Swim Team, P.O. Box 7558, Denver, CO 80207-1558;  
Website: [www.squidswimteam.org](http://www.squidswimteam.org)