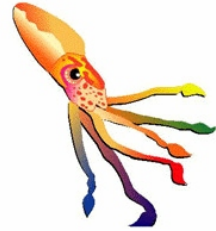




2004 Membership Application Colorado SQUID Swim Team



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

Name: _____ Phone (h): _____
Address: _____ Phone(w): _____
City, State, Zip+4 _____ Fax: _____
E-Mail Address: _____
Emergency Contact Name: _____; Emergency 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 480912, Denver, Colorado 80248-0912. Or drop them off with this
form at team practice at Hiawatha Davis Rec Center.

COMSA/USMS registration number: _____ Birthday: _____
Significant Other: _____
If you are new to the team, how did you hear about SQUID?

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:	I am willing to volunteer to help with:
<input type="checkbox"/> Competitive swimming	<input type="checkbox"/> Social events
<input type="checkbox"/> Fitness swimming	<input type="checkbox"/> Timing or helping with meets
<input type="checkbox"/> Open-Water swimming	<input type="checkbox"/> Office functions
<input type="checkbox"/> Springboard Diving	
<input type="checkbox"/> Synchro Swimming	

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

Coaches: Sarah Burgamy, Corey Parker
Colorado SQUID Swim Team, P.O. Box 480912, Denver, CO 80248-0912
Voice: (720) 988-8877; Website: www.squidswimteam.org