Registration Form

SWIM WITH A CHAMPION

AARON PEIRSOL CLINIC

5 Time Olympic Gold Medalist
7 TIME World Champion
12 Time World Record Holder

Date: **April 23rd, 2011**

11 & Under Session	9:00 - 11:00am
12 & Over Session	11:00 - 1:00pm

NAME: _____
(name of swimmer attending - 1 swimmer per form)

EMAIL: _____
(please print clearly….this will be used for updates and info)

CLINIC: **11 & under** _____ **12 & over** _____
(please check one)

Club Swimmer: **Yes** **No** If **yes,** what club do you represent _____
(please circle)

FEE - $50

Payment: **Check** _____ **Cash** _____ Date of Payment _____

How did you hear about this clinic? _____

Please send all registration and checks to: (CHECKS MADE OUT TO ***TAMPA BAY AQUATICS CENTRAL***)

TAMPA BAY AQUATICS (CENTRAL)
P.O. BOX 320352
TAMPA, FLORIDA
33679

**** There will be NO Refunds after Feb 15th, 2011****