

\$ _____
 Ck. _____

HAWAIIAN SWIMMING REGISTRATION SUMMARY

CLUB NAME _____

CLUB CODE _____

	Name of Swimmer (Last, first, middle initial)	Birthdate MM/DD/YYYY	Please Note: New/Transfer/Renew	Amount Paid
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
TOTAL AMOUNT SUBMITTED				\$
Submitted by (Print)			Date:	

Two copies of this form MUST accompany any registration sent to the Registrar

FOR AUDIT COMMITTEE ONLY	<i>Audit Date</i>	<i>Audit Committee Initials</i>
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