

Venetian Swim Registration Form.

Please fill out completely

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone number: (_____) - _____ - _____

Age Group: 12 & under
 13-19
 20-29
 30-39
 40-49
 50-59
 60 & over

Swim Distance:

1 mile
 ½ mile

EMERGENCY CONTACT INFORMATION:

(Please indicate someone we can call if something were to happen.)

Name: _____

Phone number: (_____) - _____ - _____

If swimming a mile of ½ mile team check here:

Team Name: _____

(Please indicate a team name so we can group the right people for a team)

Signature: _____ Date: ____/____/____