All-Star Team

Western Zone Championship
August 5-9th, 2008
Gresham, Oregon

Swimmer Application
"Please Print"

Name:_____ _____
Last Middle First Age

_____ _____
Mailing Address Birth Date

_____ _____ _____
City Male Female

_____
Parents email

Suit Size _____ Shirt Size _____ Short Size _____
(sex & #) (S, M, L, XL) (S, M, L, XL)

Parent/Guardian Information

	Mother	Father
Name	_____	_____
Address	_____	_____
City/Zip	_____	_____
Home Phone	_____	_____
Cell Phone	_____	_____
Work Phone	_____	_____

Swim Team/Club Information

Team/Club _____ Coach _____

Address _____ Phone _____

City/Zip _____ email _____

- To be considered for this year's All-Star Team a swimmer must meet the criteria that has been established in Alaska Swimming Inc., Rules and Regulations.
- Please have this application submitted to the Zone Manager by June 3rd, 2008 to:

C.B. Stewart
PO Box 90748
Anchorage AK 99509