

SWIMMING INSURANCE FORM RECONCILIATION
THIS IS FOR SWIMMERS/DIVERS

Please place asterisk next to swimmer/diver. They should be included in the swimming/diving check. Divers only, please fill out diving form.

TEAM _____

AGE GROUP BOYS GIRLS TOTAL

6&U _____

8&U _____

10&U _____

12&U _____

14&U _____

OPEN _____

_____ X \$6.00

_____ TOTAL\$

_____ CHECK #