

Arizona Aqua Star General Event Registration

Swimmer's Name: _____

Swimmer's Date of Birth: ____/____/____ Swimmer's Age: _____

Mother/Guardian Name: _____

Father/Guardian Name: _____

Parent/Guardian E-mail: _____

Home Phone: (____) ____ - ____ Cell Phone: (____) ____ - ____

Address: _____

Previous Experience (check all that apply):

- | | | |
|--|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Synchro Teams (describe below) | <input type="checkbox"/> Swim Team | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Synchro Events (describe below) | <input type="checkbox"/> Swim Lessons | <input type="checkbox"/> Dance |

Describe previous synchronized swimming experience:

Please check the AAS programs or events you would like information about?

Programs

- Novice Classes (1 per week)
- Recreational Team (2 per week)
- Competitive Team (3 + per week)

Events

- Try Synchro with the Stars (2 hours)
- Summer Camps (M-Th, 2 hrs/night)
- Aqua Star for a Day Event (4 hours)

Office Use Only

Event Fee: _____

Total Paid: _____

Money Collected By: _____