

For Office Use Only
 Rec'd _____
 Receipt # _____
 Medical _____



**WATER WORLD SWIM
 SWIM APPLICATION 2012**

Please Note:
 (some events)
**Picture ID
 required at
 check-in**

(Name swim event or write "swim clinic" or "Alcatraz clinic or Alcatraz crossing") Date of swim or clinic
NAME _____ **Event** _____
WWS EVENT _____ **Date** /

Last Name _____ First Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Country _____ Date of Birth _____ / _____ / 19____ Age RaceDay _____

Home Phone _____ / _____ / _____ Cell Phone _____ / _____ / _____

E-mail _____

Emergency Contact _____

Emergency Contact Phone _____ / _____ / _____ Name of Club you _____
 Hold membership _____

DIVISION: MALE FEMALE WETSUIT SKIN (Non-Wetsuit)

T-SHIRT SIZE S M L X

ANY MEDICAL CONDITION? YES NO **ALLERGIES?** YES NO

IF YES Briefly Describe _____

FEES ARE NOT REFUNDABLE OR TRANSFERABLE . - VISIT OUR WEBSITE FOR REFUNDS POLICY

FOR EVENT FEES VISIT OUR WEBSITE ENTRY FEE \$ _____ . _____

EXTRA EVENT T-SHIRT Q x \$ 30.00 M L X \$ _____ . _____

Total Fees Sent \$ _____ . _____

AMEX MC VISA DISCOVER

Card No _____ Exp.Date /

**ALL SWIM PARTICIPANTS MUST READ, COMPLETE, AND SIGN PAGE 1 and 2 OF THIS REGISTRATION-
 IF PAGE 2 IS NOT COMPLETE OR SIGNED, APPLICATIONS WILL BE RETURNED
 IF APPLYING FOR MORE THAN 1 EVENT YOU CAN SIGN ONLY 1 TIME PAGE 2 -**

Please make checks /money orders payable to: Water World Swim, LLC
 Mailing Address: 145 Corte Madera Town Center, No.495 – Corte Madera, CA94925
 Web Site: www.waterworldswim.com E-Mail: info@waterworldswim.com
 Phone: (415) 384-0318 Fax: (415) 236-6185

