COUNTIES MANUKAU SWIMMING

REGISTRATION FORM

DOLPHIN LEAGUE



**CLUB:**

**TEAM NAME:**

**MANAGER’S NAME:** 

**CONTACT PHONE NUMBERS:-**

**HOME:**

**BUSINESS:**

**MOBILE:**

**EMAIL:**

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| --- | --- | --- | --- |
| **Name** | **D.O.B.** | **AGE** | **RECEIPT** |
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