COUNTIES MANUKAU SWIMMING

REGISTRATION FORM

DOLPHIN LEAGUE



**CLUB:**

**TEAM NAME:**

**MANAGER’S NAME:** 

**CONTACT PHONE NUMBERS:-**

 **HOME:**

 **BUSINESS:**

 **MOBILE:**

 **EMAIL:**

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