

2020 Eastern States Swim Clinic Mail-In Registration Form



MAIL TODAY with your registration fee **made payable to:** Eastern States Swim Clinic c/o Sue Davis, 341 Springhouse Lane, West Chester PA 19380 **postmarked by Sept 30th.** Only **ONE NAME** per registration form. Please print legibly. **Mail this form with payment or register online at www.swimclinic.com.** No purchase orders accepted.

Name _____

Home Address _____

City _____ State _____ Zip _____

Phone (____) _____ Email _____

Club/School Affiliation _____

How did you hear about this clinic?

Returning coach/swimmer ____ ASCA ____ Swimming World ____

USA Swimming ____ Other _____

Coach \$110.00 _____

Swimmer \$80.00 _____

Clinic Recording (Attendee) \$40.00 _____

Clinic Recording (Non-Attendee) \$130.00 _____

MAIL YOUR REGISTRATION FORM TODAY! – DON'T MISS THIS CLINIC