

KINGSTON MASTERS SWIM MEET REGISTRATION FORM

November 14th, 2004

Last Name: _____

First Name: _____

Sex: (M) (F) Please circle one

Address: _____

DOB: (D)_____(M)_____(Y)_____

Age as of Dec. 31, 2004: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: () _____

E-mail address: _____

Club Name: _____

MSO#: _____

Event entry form: (If you have never swum the event before, enter NT (no time).)

Event #	Event Name	Time

Entry Deadline: 4pm Friday, November 12, 2004 (\$25.00)

Mail entry along with cheque payable to Kingston Masters Aquatic Club to:

Michelle Cole
1254 Brackenwood Crescent
Kingston, ON K7P 2W1

(613) 634-9797
chris.cole@rmc.ca