



# MASTERS SWIMMING ONTARIO

Box 8, 552 Church Street  
Toronto, Ontario  
M4Y 2E3

## UNATTACHED SWIMMER REGISTRATION

Name

\_\_\_\_\_

Address

\_\_\_\_\_

City

\_\_\_\_\_

Postal Code

\_\_\_\_\_

Phone

Home (    ) -

\_\_\_\_\_

Work (    ) -

\_\_\_\_\_

Extension

\_\_\_\_\_

Email

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Gender

Female

Male

DD    MMM    YR

MSO Number

\_\_\_\_\_

*PLEASE ENCLOSE CHEQUE PAYABLE TO MSO  
AND MAIL TO THE ABOVE ADDRESS*

REGISTRATION FEE: \$50.00

EXPIRY DATE: December 31, 2012

Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_