

# Swim with Britt - Membership Registration Form

Please complete the form below to register your membership.

Full Name:

Phone Number:

Email Address:

Address:

## Membership Type:

☐ Family (up to 4 members)

☐ Family (5 members)

☐ Family (6 members)

## Family Members (Name & Age):

Member 1 Name:

Age:

Member 2 Name:

Age:

Member 3 Name:

Age:

Member 4 Name:

Age:

Member 5 Name:

Age:

Member 6 Name:

Age:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_