

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: _____