

PARK RAPIDS PANTHERS ALUMNI MEET REGISTRATION FORM

(Please Print)

SWIMMER INFORMATION			
Last name:	First:	:	Graduation Year:
Street Address:	Email Address:		Phone: () -
P.O. Box:	City:	State:	ZIP Code:

EVENT INFORMATION					
Please check the events you wish to compete in:	50 Butterfly	50 Freestyle	1 Meter Diving (3 dives)	50 Backstroke	50 Breaststroke
	200 Medley Relay	200 Freestyle Relay			
200 Medley Team:	Backstroke:	Breaststroke:	Butterfly:	Freestyle:	200 Freestyle Team: Swimmer 1: Swimmer 2: Swimmer 3: Swimmer 4:
<p>Please leave the swimmer info above blank if you would like to be randomly placed on a relay team.</p> <p>If you are registering for the 200 Medley Relay and want to be placed randomly, which stroke do you prefer to do?</p> <p style="text-align: center;">Backstroke Breaststroke Butterfly Freestyle</p>					
<p>The cost to participate in the Alumni Meet is a Free Will Donation.</p> <p>You can bring your donation the day of the meet.</p>					

IN CASE OF EMERGENCY		
Emergency Contact:	Relationship to participant:	Phone: () -

Please email completed registration form to Todd Fritze.

tfritze@parkrapids.k12.mn.us