

**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					
<div style="display: flex; justify-content: space-between;"><div style="width: 15%;">Please check the events you wish to compete in:</div><div style="width: 15%;">50 Butterfly</div><div style="width: 15%;">50 Freestyle</div><div style="width: 15%;">1 Meter Diving (3 dives)</div><div style="width: 15%;">50 Backstroke</div><div style="width: 15%;">50 Breaststroke</div></div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div style="width: 40%;">200 Medley Relay</div><div style="width: 40%;">200 Freestyle Relay</div></div>					
200 Medley Team:	Backstroke:  Breaststroke:  Butterfly:  Freestyle:		200 Freestyle Team:	Swimmer 1:  Swimmer 2:  Swimmer 3:  Swimmer 4:	
<p><b>Please leave the swimmer info above blank if you would like to be randomly placed on a relay team.</b></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><b>The cost to participate in the Alumni Meet is a Free Will Donation.</b></p> <p><b>You can bring your donation the day of the meet.</b></p>					

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

**Please email completed registration form to Todd Fritze.**

**[tfritze@parkrapids.k12.mn.us](mailto:tfritze@parkrapids.k12.mn.us)**