

**RETRIEVER AQUATIC CLUB COMPETITIVE STROKE, START & TURN CLINIC
Winter 2018 – January 7 through February 14**

Name: _____

Swimmers Age: _____

DOB: _____

Parent's Name: _____

Address: _____

Phone: _____

Email: _____

Check one:

Wednesday Clinic Sunday Clinic Wednesday & Sunday Clinic

Amount Enclosed _____ (Make check payable to Retriever Aquatic Club)

Return Completed Form and Registration Fee to:
Chad Cradock UMBC-Retriever Activities Center
1000 Hilltop Circle Baltimore, MD 21250

Any questions please contact: Justin Smith jcs44496@gmail.com