

## **Master Swimmer Registration**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postal Code \_\_\_\_\_

Phone (613)

\_\_\_\_\_

Email \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ DD/MM/YY

### **YMCA Membership**

# \_\_\_\_\_

\* Please include cheque(s) payable  
to 1000 Islands Y Swim Masters.

**You must be a YMCA member**