
Swim Registration

Students Name _____ Age: _____

Class Name _____ Time _____

Session 1

Session 2

Parents Name _____

Address _____

Phone number _____ Email _____

Make Checks payable to:

Tri-county High School

11298 W 1100 S

Wolcott, IN 47995

**Or you can return this form and payment to your schools
office.**

ATTN: Missi Tyler- summer swimming