MASTERS SWIMMING ONTARIO

Box 8, 552 Church Street
Toronto, Ontario
M4Y 2E3

CLUB SWIMMER REGISTRATION

CLUB NAME **DATE**

SWIMMER'S NAME LAST FIRST	MAILING ADDRESS	CITY	POSTAL CODE	HOME PHONE	SEX	BIRTH DATE DD-MMM-YY	MSO NO.

PLEASE ENCLOSE CHEQUE PAYABLE TO MSO AND MAIL TO MSO AT ABOVE ADDRESS

REGISTRATION FEE: $20.00 *EXPIRY DATE: DECEMBER 31, 2003*

RETAIN FILE COPY

TOTAL FEE: $20.00 X (NO. OF SWIMMERS) _____ = _____