

# Elite Technicians Swim Clinic Enrolment Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Club/Swim School: \_\_\_\_\_

Swimming Level/Squad: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**T-Shirt Size (Circle):** XS S M L XL

**T-Shirt Colour (Circle):** White Blue Red

\*Please Email the Completed Enrolment Form To: [Adrian.davini@sthildas.wa.edu.au](mailto:Adrian.davini@sthildas.wa.edu.au) or drop off to the pool office

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## Payment Details

\*Payments must be deposited in whole to the account below. Enrolment Form must be sent back with confirmation of payment.

**Cost Per Swimmer: \$110**

**Bank:** NAB

**Account Name:** WA Elite Performance

**BSB:** 086-461

**Account Number:** 396127461

**Please quote:** Swimmer's Full Name