

Elite Technicians Swim Clinic Enrolment Form

Name: _____ Age: _____

Address: _____

Club/Swim School: _____

Swimming Level/Squad: _____

Medical Conditions: _____

T-Shirt Size (Circle): XXS XS S M L XL (Large sizing)

T-Shirt Colour (Circle): White Blue Red

*Please Email the Completed Enrolment Form To: waeliteperformance@gmail.com

Payment Details

*Payments must be made in full to the account below. Enrolment Form must be sent back with confirmation of payment.

Cost Per Swimmer: \$180. Early bird \$165 before September 30th

2nd, 3rd, 4th family member \$170, \$160, \$150

Bank: NAB

Account Name: WA Elite Performance

BSB: 086-461

Account Number: 396127461

Please quote: Swimmer's Full Name