

ELGIN AQUATICS ASSOCIATION – REGISTRATION FORM Rev: 05/2008

If Mailing: Elgin Aquatics Association, 13N338 Chisholm, Elgin, Illinois 60124

PLEASE PRINT ALL INFORMATION

Member Types: ACTIVE (Voting Privileges) PASSIVE (No Voting Privileges)

Member Information

-Family..... - ACTIVE or - PASSIVE

-Team..... - ACTIVE (Required of Teams)

Name(s)/Contact(s):

Please PRINT First and Last

Optional Second Name/Contact

Team Information

Your Team Name(s)

(credits will be split evenly if multiple teams)

Street: _____ City: _____ State: _____ Zip: _____

Phone1: (____) _____ - _____ Preferred eMail1: _____ Preferred

Phone2: (____) _____ - _____ Preferred eMail2: _____ Preferred

Initials
Required

- I/We understand that all funds raised in conjunction with EAA-sponsored projects/programs are solely in the name of EAA and NOT in the name of an individual fundraiser or organization with which the fundraiser is associated.

REGISTRATION INTERESTS FOR FUNDRAISING (Select ALL that apply):

___ Scrip Program: - Online Ordering - Check Account Withdrawal for Orders
(Friend Of: _____)

Family Name, and Their Swim Team Name for "Friends & Family" Ordering

___ Professional & College Sports Sweepstake Programs: _____

___ Other: _____

=====**Do Not Write Below This Area...EAA Use Only**=====

Received: _____

Registered: _____

Fees: _____

[ACTIVE = \$0.00, PASSIVE = \$0.00]

Payment

Method: _____