

**Mountain Hi Swim League
Roster Count Form**

Current Filing Season: _____

Team Name: _____

Filing Date	Number of Swimmers	Insurance Fee @\$6.00	Insurance Cost
May Parent Rep Meeting			
June Parent Rep Meeting Adds			
July Parent Rep Meeting Adds			
Final Roster Count			
Total Fees Paid			

Questions?

MHSL Contact:

Name: Colleen Deline

E-mail: ckdeline@msn.com

Parent Rep Contact:

Name: _____

Phone: _____

Fax: _____

E-mail: _____