

Mountain Hi Swim League 2009 Roster Count Form

Swimmer Insurance and League Fee Payments

\$11 per swimmer fee includes \$6 for insurance and \$5 for league fees

Team Name: _____

Filing Date	Number of Swimmers	@ \$11 each Insurance / League Fees	= Total Amount Due	Amount Paid	Date Paid
April Delegate Meeting		\$11 per swimmer			
May Delegate Meeting		\$11			
June Delegate Meeting		\$11			
Date:		\$11			
Date:		\$11			
Date:		\$11			
Totals					
		\$11 per swimmer			

No swimmers may be added to a team roster after July 1

Parent Rep Submitting Form

Name: _____

Email: _____

Daytime Phone: _____

Evening Phone: _____

MHSL Insurance Contact
Nancy Weiss – nweiss@casb.org
(303) 302-2705, work – (303) 907-8349, cell