

Entry Form

Vivian Stancil Olympian Foundation, Inc.
P.O. Box 5536
Riverside, CA 92517

2018
Drown Proofing/SWIM Clinic Application

PRINT: Participant's Name

MAILING ADDRESS

APT/SUITE

CITY

STATE

ZIP

E-MAIL

DAY PHONE

CELL PHONE

DATE OF BIRTH (MM/DD/YYYY)

EMERGENCY CONTACT

TELEPHONE

Print: Parent/Guardian Name

Parent/Guardian Signature

DATE: _____

DONATION for EVENT:

CHECK

MONEY ORDER

CASH