



MANOR WOODS DIVE TEAM REGISTRATION

2007

(Please Print)

Diver Name _____ DOB: _____ Age: _____ \$45.00

2nd Diver Name _____ DOB: _____ Age: _____ \$40.00

3rd Diver Name _____ DOB: _____ Age: _____ \$35.00

Mother's Name: _____ Father's Name: _____

Address: _____

Phone Numbers (home) _____ (work) _____

E-mail Address(es) _____

Do you check your email daily? yes no

I agree to follow all Manor Woods Dive Team Rules.

Diver's Signatures: _____

I hereby give my consent for my children named above to participate on the Manor Woods Dive Team.

Parent/Guardian Signature _____

Mail Registration Form and Check (payable to Manor Woods Dive Team) to:

Jude Lozupone
14001 Flint Rock Rd.
Rockville, MD 20853