



2009

JOE FLAHERTY'S DOLPHINS TEAM REGISTRATION FORM

2010

Swimmer's Last Name	First	Middle	Age	Birth Date
Street Address			E-mail Address	
City	State	Zip	Home Phone Number	
Mother's Name	Cell/Work Phone	Father's Name	Cell/Work Phone	
If you swam for JFD previously, your coach and any comments about that coach				
School you will be attending in Fall 2008		Summer Swim Team and/or Pool		

TEAM FEES – PAYMENT PLANS

PRACTICES PER WEEK (Please Circle One)

	2x	3x	4x	5x	6x	FEES
FEES:	\$1,224	\$1,598	\$1,768	\$2,040	\$2,278	
Additional Fees:						
Team Fees for JFD & USS Registration and Meet Supervision: Required & non-refundable						\$ 180.00
Deposit towards Meet Entry Fees \$120.00 (\$5.00 per meet event entry thereafter)						
Bonus Practice Fee: Optional, Covers unlimited Bonus Practices 20-30 annually	\$135.00					+
You will receive 10% off each additional sibling's program fees						-
TOTAL DUE						

Number of Practices per week: _____ **Day (circle)** M Tu W Th F Sa Su

Start Date: _____ **Time:** |____| |____| |____| |____| |____| |____| |____|

Circle Location: Quince Orchard Georgetown Prep

We are providing suits for our swimmers this season. A coupon will be sent to you through the mail and you can take it to Underwater Wear to pick up your suit, t-shirt and hoodie.

Payment Options: (Circle One):

Option A – Check (Please write your child's name on your check. Thank you.)

Option B – Credit Card

Option C – Monthly Billing thru EFC (10% additional fees. Separate form to fill out.)

Option A: Please make checks payable and send to:

Joe Flaherty's Dolphins, LLC

16512 Roundabout Dr.

Gaithersburg, MD 20878

Or Fax to 301-916-2952

or call 301-916-1852 with any questions!

Option B

Please Charge My Credit Card: _____ Visa _____ Mastercard _____ Am. Express _____ Discover

My Account Number Is: _____ Exp. Date: _____

Signature: _____ **Date:** _____

Option C: Please fill out the enclosed separate form for EFC (Educational Funding Co.)