TEAM REGISTRATION FORM

Team Name Coaches Name		Scan sheet and email to: info@swimisca.org If you prefer to mail your registration, send to: International Swim Coaches Association					
				Enclose check* made payable to ISCA or complete			
		Phone:				the credit card	information.
FIRST NAME	LAST NAME	AGE AS OF 7/1/20	SWIM TIME	RUN TIME	TOTAL	BONUS Y N DEDUCTION [
PAYMENT							
Discover	MasterCard	Visa	Ameri	ican Express			
Cardholder Name Expiration Date		_ `odo					
Card Number		Jude					
		ity	State		Postal Code		

^{*} Teams can mail in one check for all participants.