Appendix A: LA84 Summer Festival Roster – Artistic Swimming

		Coach Name: Coach email:				_
						_
Team Name	e:	Phone #:	Phone #:			
****** TEAM IN		1 INFO *********	Date of Birth			
BEG (B) / ADV (A)	First Name	Last Name	M	D	YR	Gender (M//F)
	s: 1 2 ollers: 1	3 4 2				

Submit all roster forms, entry cards, consent forms and code of conduct forms to:

Kathryn Lasick by August 8, 2018

Send forms via email to klasick@santa-clarita.com