Storm Aquatics

Fundraising Contract

Swimmer's Name: _____
First Middle Last

Parent/Guardian Name: _____

Address: _____
Street City State Zip

Phone: _____ Cell #: _____

Obligation: $300.00 Individual or $500.00 Family

Please check one:
_____ I plan to take advantage of fundraising opportunities provided by Storm Aquatics.

_____ I plan to utilize the buy-out option and will make payment arrangements.

I_____, have fully read and understand the
Print name
Storm Aquatics fundraising policy and agree to the terms of said policy.

Signature: _____ Date: _____