



Jewish Community Center of Northern Virginia

WAVES

JCC Swim Team



JCCNV Annual Swim Meet
Sunday, April 13, 2014
10am-2pm

You're invited to participate in the JCCNV Annual Swim Meet!

It's a fun way to introduce swimmers of all levels to swimming competitions in a relaxed, low-pressure environment. The emphasis is on self-improvement.

Light refreshments and ribbons for all.

Swim Meet Entry Fee: \$10 per swimmer
Registration deadline: Sunday, April 6

Complete the registration form (on reverse side) and drop it by the front desk or to Teo Albu, JCCNV Aquatics director.

For more information, please contact Teo at (703) 537-3053 or Teo.Albu@jccnv.org.



Registration Form

Please check the events you would like to swim during the meet.

8 and Under	25 Back	<input type="checkbox"/>
9 and 10	50 Back	<input type="checkbox"/>
11 and 12	50 Back	<input type="checkbox"/>
13 and Up	50 Back	<input type="checkbox"/>
8 and Under	25 Free	<input type="checkbox"/>
9 and 10	50 Free	<input type="checkbox"/>
11 and 12	50 Free	<input type="checkbox"/>
13 and Up	50 Free	<input type="checkbox"/>
8 and Under	25 Fly	<input type="checkbox"/>
9 and 10	25 Fly	<input type="checkbox"/>
11 and 12	50 Fly	<input type="checkbox"/>
13 and Up	50 Fly	<input type="checkbox"/>
8 and Under	25 Breast	<input type="checkbox"/>
9 and 10	50 Breast	<input type="checkbox"/>
11 and 12	50 Breast	<input type="checkbox"/>
13 and Up	50 Breast	<input type="checkbox"/>
8 and Under**	Fun Relay	<input type="checkbox"/>
Open**	Fun Relay	<input type="checkbox"/>

Registration Form

Code: #5253

Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip Code _____

Phone (H) (____) _____ (W) (____) _____ (Cell) (____) _____

Email _____ Swim Team _____

I want to help support important programs at the JCCNV by making a donation to one or more of the following funds (suggested gift: \$18).
Feel free to provide an alternative amount below for your 100% tax-deductible gift.

\$_____ Family Programming \$_____ Pool/Swim Team Fund \$_____ Sports Fitness & Aquatics Fund \$_____ Other: _____

Program Total _____ **Donation Total** _____ **Grand Total** _____

Check VISA MasterCard American Express

Credit Card # _____ Expiration Date _____ Security Code _____

Member # _____ Name as Written on Card _____

The JCCNV reserves the right to photograph and or videotape activities for use in publicity and promotional materials. Please notify the JCCNV in writing if you do not want photos of either you or your family members to be used and send in a recent photo so that we can be sure that you and/or your family members are not included in these materials.

**Fun relay will run if time allows.

