



To: All Trinity Swimmers, Divers and Parents

We are committed to communicating with all swimmers & divers and their parents for our 2010-2011 Swim Season. We're asking for your help in completing the attached family information form.

These email lists will help Coach Mike and the school communicate more timely regarding important information such as parent meetings, meets, schedule changes, etc.

Also, we are asking every parent to assist, in some capacity, to support our swimming & diving team. As you can see there are a number of areas where we can use parent volunteers. Please let us know which area where you can provide help to the team.

We appreciate everyone's support and ask that you please complete the attached family information form and return it to the Trinity office by Friday, October 15, 2010 in an envelope marked "Trinity Swimming & Diving Team – Family Form" or fax your information to Coach Mike (728-3561) or email your information directly to Coach Mike at mike@trinityswimming.com

Thank you for your support.

Trinity Swimming & Diving

Family Contact Information

Swimmer /Diver Last Name: _____ First Name: _____ 2010/11 Grade: _____

Evening Phone: _____ Swimmer's Email Address: _____

Swimmer's Cell Phone: _____

Swimmer's Mailing Address: _____ City: _____ State: _____ Zip: _____

Swimmer/Diver Last Name: _____ First Name: _____ 2010/11 Grade: _____

Evening Phone: _____ Swimmer's Email Address: _____

Swimmer's Cell Phone: _____

Swimmer/Diver's Mailing Address: _____ City: _____ State: _____ Zip: _____
 (If same as Swimmer/Diver above, do not complete)

Parent/Guardian(s) Last Name: _____ First Name: _____

Daytime Phone: _____ Evening Phone: _____ Email Address: _____

Parent Address: _____ City: _____ State: _____ Zip: _____
 (If same as Swimmer/Diver(s) do not complete)

Parent/Guardian(s) Last Name: _____ First Name: _____

Daytime Phone: _____ Evening Phone: _____ Email Address: _____

Parent Address: _____ City: _____ State: _____ Zip: _____
 (If same as Swimmer/Divers(s) do not complete)

PARENT VOLUNTEER INFORMATION

(Please check all that apply and indicate which parent to contact)

I can assist with the following:

- | | |
|---|--------------------|
| <input type="checkbox"/> Clothing Distribution | Parent Name: _____ |
| <input type="checkbox"/> Pancake Breakfast Fundraiser | Parent Name: _____ |
| <input type="checkbox"/> Timing at Meets | Parent Name: _____ |
| <input type="checkbox"/> Mid-Penn Social | Parent Name: _____ |
| <input type="checkbox"/> Swim Banquet | Parent Name: _____ |
| <input type="checkbox"/> District & States | Parent Name: _____ |

We are also looking for the following leader volunteers. Please check if you are interested in any of these leadership roles:

- | | |
|--|--|
| <input type="checkbox"/> Senior Recognition Event | <input type="checkbox"/> Timer/Volunteer Coordinator |
| <input type="checkbox"/> Scoring/Roster Coordinator | <input type="checkbox"/> Pancake Breakfast Chairperson |
| <input type="checkbox"/> Mid-Season Social for Mid-Penns | <input type="checkbox"/> Clothing Distribution |
| <input type="checkbox"/> Banquet Coordinator(s) | |

Parent Name: _____