



To: All Trinity Swimmers and Parents

We are committed to communicating with all swimmers and their parents for our 2008/2009 Swim Season. We're asking for your help in completing the attached family information form.

These email lists will help Coach Gobrecht 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 swim 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 3, 2007 in an envelope marked "Trinity Swim Team – Family Form or email your information directly to Coach Mike at mike@wsyswim.org

Thank you for your support.

Trinity Swimming

Family Contact Information

Swimmer Last Name: _____ First Name: _____ 2008/09 Grade: _____

Daytime Phone: _____ Evening Phone: _____ Swimmer's Email Address: _____

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

Swimmer Last Name: _____ First Name: _____ 2008/09 Grade: _____

Daytime Phone: _____ Evening Phone: _____ Swimmer's Email Address: _____

Swimmer's Mailing Address: _____ City: _____ State: _____ Zip: _____
 (If same as Swimmer 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(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(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"/> Home Meet Concession Stand Coordinator |
| <input type="checkbox"/> Swim Banquet Coordinator(s) | |

Parent Name: _____