

GUARD WARS 2009

Lancaster Aquatic Center • University of Kentucky • April 18, 2009

TEAM APPLICATION

Please print or type the following information:

Team Name: _____

School Name: _____

Facility Name and Address: _____

City, and State: _____ **Zip Code:** _____

Facility Contact Name: _____ **Phone:** _____

Team Captain: _____ **Date of Birth:** _____

Emergency Contact Name: _____ **Number:** _____

Shirt Size: S M L XL

Team Member 2: _____ **Date of Birth:** _____

Emergency Contact Name: _____ **Number:** _____

Shirt Size: S M L XL

Team Member 3: _____ **Date of Birth:** _____

Emergency Contact Name: _____ **Number:** _____

Shirt Size: S M L XL

Team Member 4: _____ **Date of Birth:** _____

Emergency Contact Name: _____ **Number:** _____

Shirt Size: S M L XL

Team LGI: _____ **Date of Birth:** _____

Emergency Contact Name: _____ **Number:** _____

Shirt Size: S M L XL

Will your team be attending the "Meet the Competition" dinner? Yes No

Please return this form, along with your check to:

Lancaster Aquatic Center - University of Kentucky
c/o Elizabeth Doan
416 Complex Dr. Room 103
Lexington, KY 40506-0219

Registration fee for one team: \$100 (must be received by March 15th). Late registration fee for one team: \$120 (must be received by April 8th). A refund of \$50 will only be issued before March 15th, for teams who need to withdraw from the competition. Make Checks payable to: **University of Kentucky**.

UNIVERSITY OF KENTUCKY