



2010 WOODLANDS SWIM TEAM

PATCH AND STAR FORM

Name _____

Email _____

Age _____

Write the name of your stroke and circle THIS IS ONLY FOR 2010 TIMES.....

Stroke: _____

Circle One

A-Time PATCH **County Time** **- RED STAR**

Stroke: _____

A-Time PATCH **County Time** **- RED STAR**

Stroke: _____

A-Time PATCH **County Time** **- RED STAR**

Stroke: _____

A-Time PATCH **County Time** **- RED STAR**

Swimmers Signature: _____ **Date:** _____

Please complete and put in the LaPierre File, pending Coach approval

you will receive your patch or Star in your family file

Date Received: _____

Coach Signature: _____ **Date:** _____