

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
 Email: \_\_\_\_\_ Pool: \_\_\_\_\_

Total Pool Lengths: \_\_\_\_\_

T-shirt Size:

YS YM YL

AS AM AL AXL



Are any sponsors associated with corporations that provide matching funds\*?  
 Yes No If so, please include appropriate forms

Name of Sponsor	EMAIL (for a thank-you note and email receipt for tax purposes)	Phone number	Pledges (choose one)			Total Pledged	Amount Enclosed
			\$____ Per 25m Length	Fixed Amount	Matching Funds Company Name*		
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
<b>TOTALS:</b>							

By participating in the A2A3 Swimathon, I, for myself, my executors, administrators and assigns, do hereby release and discharge Ann Arbor Active Against ALS and all sponsoring businesses and organizations and their agents from all claims of damages, demands, actions and causes of actions whatsoever, in any manner arising or growing out of my participating in this event. I am in good health and meet the qualifications to participate this event. I also give full permission for use of my name, photograph/video in connection with this event.

Signature \_\_\_\_\_

Parent's signature required if under 18

Please make checks payable to:

**A2A3**  
**Memo: Sharks Swimathon**  
**2020 Shadford Road**  
**Ann Arbor, MI 48104**  
**734.747.6952**

Signature \_\_\_\_\_

**A2A3 Representative**

**Questions? Call:** Joel and Jackie Dalton: 734.747.6952