



SPORTS REGISTRATION FORM
Captain's Cup Disc Swimming Relay

NAME of UNIT / COMMAND / DEPARTMENT:

COACH / MANAGER NAME:

CELL NUMBER:

EMAIL:

TEAM 1, SWIMMER 1 NAME:

TEAM 1, SWIMMER 2 NAME:

TEAM 1, SWIMMER 3 NAME:

TEAM 1, SWIMMER 4 NAME:

TEAM 2, SWIMMER 1 NAME:

TEAM 2, SWIMMER 2 NAME:

TEAM 2, SWIMMER 3 NAME:

TEAM 2, SWIMMER 4 NAME:

STAFF USE (please do not write here)

Date Received: _____

Staff Initials: _____