

YMCA National DIVING Meet Team Roster Form Full Privilege Members

*** TYPE OR PRINT LEGIBLY **** Bring this with you to register ***
ENTER ONE NAME PER BLOCK.

In the "Exp Date" column, enter the expiration date of the swimmer's YMCA membership, or "C" if continuous.

YMCA NAME ASSOCIATION NUMBER: _____

1.	_____	Exp Date _____
2.	_____	Exp Date _____
3.	_____	Exp Date _____
4.	_____	Exp Date _____
5.	_____	Exp Date _____
6.	_____	Exp Date _____
7.	_____	Exp Date _____
8.	_____	Exp Date _____
9.	_____	Exp Date _____
10.	_____	Exp Date _____
11.	_____	Exp Date _____
12.	_____	Exp Date _____
13.	_____	Exp Date _____
14.	_____	Exp Date _____
15.	_____	Exp Date _____
16.	_____	Exp Date _____
17.	_____	Exp Date _____
18.	_____	Exp Date _____

I certify that all of the individuals above are members of this YMCA with full facility privileges, and they have been members for a minimum of ninety days prior to the last day of competition, April 15, 2010.

Executive Director _____ Date _____