aquazone SWIM CLUB

NAME OF SWIMMER: _____ **NO. OF LAPS COMPLETED:** _____ **COUNTER'S NAME:** _____

SPONSOR'S NAME	CONTACT EMAIL / CELL NUMBER	AMOUNT PER LAP (MIN R2)	TOTAL AMOUNT
		TOTAL AMOUNT COLLECTED	

IMPORTANT INFORMATION

Forms are to be handed in to back to your coach by TUESDAY 10th SPETEMBER. Please return your form even if you were unable to collect sponsors. You are not limited to one form. Your lane counter will note the number of laps you complete and will sign your form. **Sponsorship money must be brought to the office or EFT to the following account by 30 SEPTEMBER.**

ACCOUNT NAME: Aquazone **BANK:** NEDBANK **ACC NUMBER:** 1338063936 **BRANCH CODE:** 133826 **REFERENCE:** Swimathon "Name & Surname"