



CALGARY AQUABELLES EXPRESSION OF INTEREST
FOR APPLICANTS WHO ARE NEW TO ARTISTIC SWIMMING (SYNCHRONIZED SWIMMING)
2021/2022 Competitive Year

APPLICANT INFORMATION

Name:		
Date of birth:	National Stream or Provincial Stream (please circle)	Phone:
Current address:		
City:	Province:	Postal Code:

ARTISTIC SWIMMING HISTORY

This form pertains to applicants who are new to artistic swimming. Please indicate any information that may be relevant to your expression of interest. For example, previous experience in speed swimming or other sport.

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PARENT INFORMATION

Parent #1 Name:		
Address (if different than applicant):		
Phone:		E-mail:
City:	Province:	Postal Code:
Parent #2 Name:		
Address (if different than applicant):		
Phone:		E-mail:
City:	Province:	Postal Code:

SIGNATURES

I authorize the verification of the information provided on this form.

Signature of applicant (if 18 or over) or parent:	Date:
Signature of spouse:	Date:

The application can be scanned and emailed to registrar@aquabelles.com, faxed to 1-888-541-0727.