

# MAST FINANCIAL FORM

Name of  
Swimmer: \_\_\_\_\_

Group \_\_\_\_\_

Time Period (please circle)

Year Round 2008-2009   Summer 2009

Person(s) financially responsible for operational fees, swim fees, meet fees,  
volunteer fees, and USA swimming fees:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: during the day \_\_\_\_\_

cell \_\_\_\_\_

Driver's License No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

Please check preferable way of paying for fees:

By check

By credit card

Would you prefer to receive you monthly statement by mail or email?

\_\_\_\_\_

***Seriously overdue bills will be considered for collections.***