

**Eastern Zone Spring Meeting
April 12-13, 2019
Bethlehem, Pennsylvania**

Registration Form – Please print clearly

Reservation and payment due no later than March 15, 2019

LSC: _____

Contact Person: _____

Contact email: _____

Attendees:

1) Name _____ email _____

2) Name _____ email _____

3) Name _____ email _____

4) Name _____ email _____

5) Name _____ email _____

Payment:

Each attendee is \$125

_____ @ \$125 = _____

Total Due: _____

Checks - Middle Atlantic Swimming, 500 Creek View Road, Suite 101, Newark, DE 19711

Check # _____ Amount _____

Credit Card –

Name on Card _____ Expiration Date _____

Card Number _____ Code _____

Amount of Charge _____

Please indicate the following:

Number attending social on Friday night _____

Number attending lunch on Saturday afternoon _____