

## Blount Area Swim Team Trial Period Deposit

Receipt for \$50.00 deposit for two-week trial period with Blount Area Swim Team (BLAST) to begin on \_\_\_\_\_.  
(Date)

This deposit is for:

\_\_\_\_\_  
Swimmer Name 1 Age

\_\_\_\_\_  
Swimmer Name 2 Age

\_\_\_\_\_  
Swimmer Name 3 Age

\_\_\_\_\_  
Swimmer Name 4 Age

A refund of the deposit can be requested within 14 days of the beginning of the Trial Period. After 14 days the fee can be applied to the swimmer's USS membership fee and dues but no refunds will be given.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
BLAST

\_\_\_\_\_  
Date

**PLEASE MAKE CHECKS PAYABLE TO: BLOUNT AREA SWIM TEAM**