

Alpha Lifeguard's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, St: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Church/Org: \_\_\_\_\_  
 Category:  Adult  Youth  
 Team Captain: \_\_\_\_\_

For the online alternative to this form please visit the partner tab at [www.alphaphc.com](http://www.alphaphc.com)



Name	Address	City, St, Zip	Phone	Cash	Check	Bill Me
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			<b>Total:</b>			

Please make checks payable to: Alpha PHC We accept Credit Cards just check the bill me section

Grand Total: \_\_\_\_\_