

**Note: Top half goes to parent rep. and bottom half goes to Robyn Painter, so fill out one full page per swimmer.

Practice Group Change Form

Date: _____ Recommending Coach: _____

Swimmer's Name: _____

Current Practice Group: _____

New Practice Group: _____

Parent's approval of move: Yes No

Mark Walker's initials: _____

Copy to Parent Rep.

=====cut in half=====

Practice Group Change Form

Date: _____ Recommending Coach: _____

Swimmer's Name: _____

Current Practice Group: _____

New Practice Group: _____

Parent's approval of move: Yes No

Mark Walker's initials: _____

Copy for Billing Person (Robyn Painter)